JANUARY 9 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

More criticism of GSL nicotine gum proposal

Portsmouth £60k prescribing budget savings highlighted

Business in focus: not fulfilling its premier potential

John Richardson Computers sold to US-based NDC

BTC to promote skincare in-store

Update: fighting the phobia fear

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JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have beenreported. This formulation is not suitable for adults. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** £2.26 excl VAT. **P.L. Number:** 0338/0086. **P.L. Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

1 Independent Audit MAT December 1997, 2 Counterpoint Q4 1997 and Q1 1998 aggregated, 3 Independent Audit MAT December 1993 - December 1997

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

US-based NDC moved quietly onto the UK scene last year with the acquisition of Chemtec Systems and Hadley Hutt. This week it has added John Richardson Computers to its operation (see p28). It now services 4,000 independent pharmacies in the UK - 40 per cent of that market. NDC has done little yet with its UK acquisitions apart from listening and learning - the UK is its first venture into Europe - but with the sizeable market share it now has, some streamlining and indication of future direction is inevitable. For the moment, though, the word is that it is business as usual.

At present only AAH (and this includes Lloyds), Boots and UniChem appear to have sufficient resources to develop pharmacy networks in a meaningful way. NDC is now another, powerful force which should not be underestimated - it claims to be the world's largest multi-segment provider of healthcare information. Its expertise is in electronic data interchange. This puts it in the same field as PRS and Pharmed, neither of which have cracked one hurdle currently facing community pharmacy - how to move forward electronic prescribing and prescription payment in a way acceptable to the NHS Executive (ie, which costs the Government little or nothing). NDC's experience in the US will have made clear the value of data which can be gleaned from dispensing chemists. It will also be aware of the NHS Executive's intention to have electronic prescribing in place by 2002, and that the Government will be tendering for someone to provide Prescription Pricing Authority services in the not too distant future. NDC's presence could provide the impetus to push pharmacy into using proper IT networks, but there will inevitably be a price.

With this issue

The second module of the Roche Consumer Health/*C&D* learning programme. Module 2 focuses on trace elements and minerals

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Cannabis trials a step nearer

On Monday, the Royal Pharmaceutical Society will bring together clinicians and organisations likely to be involved in research into the therapeutic uses of cannabis.

A Society working group has devised protocols for two types of clinical trials which could go ahead once researchers have obtained ethical permission, funding and the necessary approval from the Medicines Control Agency and the Home Office. The multicentre trials would look at the efficacy of cannabinoids in treating the spasticity of multiple sclerosis or in acute post-operative pain. Patients given cannabis would take either a standardised extract or tetrahydrocannabinol (THC) to see if THC was the most important active ingredient.

The protocols will be unveiled at the meeting on January 11, to which representatives of the Home Office, MCA and funding bodies have been invited, as well as potential researchers. The working group has also been liaising with manufacturers who could supply products for use in the trials.

Professor Tony Moffat, the Society's chief scientist, says that to take the trials forward will require good teamwork from several quarters. "Getting all the relevant people at the same place at the same time should assist the process greatly."

The Medical Research Council is expecting to receive funding applications from scientists hoping to carry out the trials soon.

Scotland confirms SHTAC to go ahead

The Scottish Office has confirmed that the Scottish Health Technology Assessment Centre will be established this year.

Similar to the National Institute for Clinical Excellence to be established in England and Wales, SHTAC will evaluate and provide advice to the NHS on cost-effectiveness of all innovations in healthcare, including new drugs. It will also provide advice to the NHS in Scotland on clinical and cost-effectiveness of healthcare technologies.

Announcing the launch of a consultation paper on SHTAC, Scottish health minister Sam Galbraith said that the Centre will end "so called 'post-code' prescribing", in line with the Scottish health White Paper, 'Designed to care'.

Comments about the proposed role, functions and organisations of SHTAC should be made by February 19.

Pharmacy responds to consultation letter

The National Pharmaceutical Association and the Royal Pharmaceutical Society have objected to proposals for nicotine gum, paracetamol liquid and minoxidil solution to be added to the General Sales List Order.

Responding to the Medicines Control Agency's consultation letter, MLX 248, the NPA and the RPSGB both say that nicotine gum should only be available alongside professional advice and support from pharmacists. The choice of nicotine replacement therapy formulation and its use is crucial for successful smoking cessation. Additionally, NRT should not be used by pregnant women or patients with heart disease. This advice would not be available outside pharmacies, and NRT deregulation may also lead to nicotine becoming a recreational drug, ultimately increasing its use, they add.

The NPA does not believe that wider access to nicotine gum is necessary as the network of 12,300 pharmacies in the UK and their long opening hours means that NRT is easily accessible to people both from their workplace and their home.

Studies have shown that advice from a healthcare professional can increase smoking cessation rates by 2 per cent. As 96 per cent of the UK population visit a pharmacy at least once a year, this 2 per cent reduction represents a significant health gain, it claims.

Referring to deregulation of paracetamol liquid for children in pack sizes up to 100ml, the NPA and RPSGB feel this is incompatible with the recent tightening up of analgesics sales under the 'Prescription Only Order'. They argue that if paracetamol is made more widely available, the public's perception of the relative safety of non-pharmacy items will lead to more cases of its overuse.

The National Poisons Information Service (London centre) received over 32,000 calls about suspected poisoning in children in 1997, the majority about paracetamol. If liquid paracetamol becomes more widely available, these problems may increase, says the NPA.

The number of cases of children receiving an overdose through inadvertently being given two products containing paracetamol may increase if liquid paracetamol were sold outside pharmacies.

Minoxidil 2 per cent solution should not be reclassified owing to its cardiovascular side effects, say both organisations. Topical application of the solution can increase heart rate and its use should be monitored in angina or heart disease. Reclassification would remove safeguards for its sale and use.

Currently, patients should receive counselling before commencing use with minoxidil as it may only be effective if used continuously. People unaware of this may discontinue use after a short period, claims the NPA.

Call for hospital shops to have more drug controls

Hospital shops have inadequate controls on the sale of medicines, a new report says.

Of 73 shops surveyed, 20 sold medication and six of these had no restrictions on purchases of OTC medicines. Three shops had sold medication to patients which was subsequently used for self-poisoning. Sales policies in the shops included keeping medication behind or under the counter, limiting pack sizes to four, and only selling medicines to relatives or staff.

The report, written by Dr David Somerfield, senior registrar in psychiatry at Cossham Hospital, and published in this week's *Psychiatric Bulletin*, considers these measures inadequate. The restrictions can all be overcome by determined patients, claims Dr Somerfield. This may be a particular problem in hospitals with psychiatric in-patients, who are at high risk of self-harm. Commenting on the most common policy component of putting medication behind or under the counter, Dr Somerfield says: "There seems to be little point in doing this other than to prevent theft."

In total, the 20 shops sold 61 paracetamol-based preparations, 37 containing aspirin and four with ibuprofen.

Where restrictive sales policies were in operation, the reasons given were reduction in the risk of patients harming themselves, and to prevent interaction with prescribed drugs.

As the shops operate on a commercial basis, Dr Somerfield suggests that medicines sales policy should be decided by the local psychiatric directorate, not the retailer. He says the best policy would be to restrict all sales of medication to staff with identification, or prohibit medicines sales entirely.

Brecon CHC promotes pharmacy

The community health council for Brecon aims to promote the benefits of independent pharmacy following a threat from doctor dispensing (*C&D* December 12, 1998, p6).

The Welsh Office overturned a health authority decision and is allowing Brecon GPs to start dispensing for more patients, despite evidence that this would force two existing pharmacies to close.

The CHC's chief officer, Bryn Williams, told *C&D* on Monday that the initial plan was to contact the local press to explain that, while doctor dispensing appeared at first sight to be more convenient, there were positive advantages from pharmacist dispensing such as patient choice, prescription checking and a lower cost to the NHS.

"We intend to talk with the press so they can put these points across to the public," he said. He will also contact the Welsh Office.

Although one of the pharmacists threatened with closure, Julie Konwerska, believes there is a good case for a judicial review, the LPC is still deciding what action to take.

Quiz reminder

There is still time to enter the *Chemist & Druggist* Year End Quiz (*C&D* December 19/26, 1998, p18-19).

The first prize of £100 will go to the sender of the first set of correct answers selected at random, or the person with the most correct answers. There are also ten runners up prizes of the Xrayser clock.

Entries should be sent in to arrive at the *C&D* offices by January 15.

Portsea pharmacists' continuing £60,000 prescribing underspend

Portsmouth area pharmacists are contributing to a substantial predicted prescribing underspend for a second year.

By providing prescribing advice on one day a week, pharmacists last year turned a predicted overspend of £110,000 among five practices into a £60,000 underspend. Figures midway through this year indicate at least a similar saving will be made for other surgeries in the Portsea area in Hampshire.

Advice being given by the pharmacists includes how to maximise savings with generic prescribing, and use of alternative drugs to target specific therapeutic categories such as ulcer healing drugs, analgesics and NSAIDs. The pharmacists agree with the surgeries on how to implement the advice. For some there is a preference to meet with the patient first, while others make the changes on the patients' records and then notify the patients by letter.

The programme began in June 1997 with four surgeries with prescribing overspends in the Portsmouth GP Commissioning Pilot. A fifth surgery joined later. The group has now evolved into the Portsea Island Primary Care Group and the scheme has been rolled out to other practices in the PCG.

Portsmouth & South East Hampshire Health Authority pharmaceutical adviser Katie Hovenden was originally asked by the commissioning pilot how savings could be made. As funding initially came from top slicing the GPs' prescribing budgets, after the Government had allowed money to be used that way, "I recommended, when we had the opportunity for repeat prescribing, that rather than use the 'brown bag' approach, we could target certain areas of prescribing," said Miss Hovenden.

"There was an added incentive for the GPs as they were working with a cash-limited budget and needed to do something about their prescribing costs. The GPs have been very open to the help and advice and to sharing information."

The HA wrote to selected practices and pharmacists inviting them to participate. The pilot attracted a second tranche of money allowing the scheme to continue into this financial year.

The medical press has picked up on the value of pharmacists' prescribing advice input. This week's *GP* magazine headlined the story "GPs save £170,000 on prescribing" and says that "the first step towards balancing the budget was to employ pharmacy advisers".

Flu is not at epidemic levels says PHSL

Despite alarmist reports in the national press, flu levels are normal for the time of year and not at epidemic levels.

On Tuesday, the Public Health Services Laboratory said that, as of December 27, there was an incidence of an average 102 GP consultations per 100,000 population. Epidemic levels are reached when levels go above 400 consultations per 100,000.

The PHSL spokesman said that there was no evidence to suggest serious outbreaks. Instead, there were only anecdotal reports of some pockets of high infection balanced by some areas of low infection around the country.

The two main strains of infection that are appearing are influenza A (Sydney) and influenza B (Beijing). Both of these should be covered by this season's influenza vaccination programme, the PHSL spokesman added.

The National Pharmaceutical Association said on Tuesday that it had not received any calls from pharmacists about dealing with the problem. However, the media at the beginning of the week suggested that patients are not accepting GPs' advice and were stretching the ambulance service by calling them to take them to hospital.

Figures issued by SDI looking at the incidence of flu, cold and respiratory illness indicate that there has been a steep increase in incidence, and is about three times greater than at this time last year. The PHSL spokesman added that the current flu level had grown from a level of about 15 consultations per 100,000 three or four weeks ago (see p12).

● NHS Direct, the nurse-led telephone health advice line, had 2,700 calls, a 90 per cent increase on the usual level, between December 24 and 28. "Numerous calls were received about flu-like symptoms," said the Department of Health press release.

More methadone schemes approved

Fifteen pharmacists in Derby are about to train for a supervised methadone consumption scheme, which will start as soon as local GPs are ready to go ahead.

Southern Derbyshire Health Authority is spending £20,000 on the scheme, which will last for one year and is likely to be extended if successful. The pharmacists' fees are still being negotiated, but a suggested figure is £1 per dose, says community prescribing adviser Rebekah Cooke.

The pharmacies chosen have private areas or separate rooms where trained staff can supervise consumption. Six GPs in Derby will specialise in the treatment of addicts and all relevant patients will be referred to them.

In West Kent, the HA has approved payments of £100 per year and £1 for each supervised methadone consumption, in a pilot scheme involving 10-12 pharmacies in Maidstone and Tunbridge Wells. Over 20 pharmacies are involved in a supervised methadone scheme in East Kent, which has been running since last October. Up to 50 pharmacies will be recruited eventually, and payments will be similar.

Grampian Health Board says that over 66 per cent of methadone consumption is supervised on pharmacy premises. The aim is to have over 90 per cent supervised.

Learn about trace elements and minerals

This week's issue carries the second module of the Roche Consumer Health/*C&D* learning programme looking at vitamins, minerals and supplements.

Module 2 focuses on trace elements and minerals. It is accredited by the College of Pharmacy Practice. Pharmacists and assistants completing this module and the earlier module on vitamins (copies available from Roche on 01707 366993) will be awarded a certificate as evidence of their learning about VMS.

An enrolment form for readers who have not yet registered is on p27.

IN BRIEF

Law requires script evidence

Regulations requiring pharmacists in Scotland to request evidence of a patient's exemption from prescription charges came into effect on January 1. The NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 1998 (SI 1998 No 3031 (S174); Stationery Office £1.10) also require pharmacists to mark the prescription form if valid evidence was not produced.

Alzheimer play

'In flame', a new play about the impact of Alzheimer's disease, opens next week. The play, starring Marcia Warren and sponsored by Hoechst Marion Roussel, runs from January 13 to February 6 at the Bush Theatre, Shepherds Bush, London.

Hypothermia helpline

The 'Keep warm this winter' campaign has been integrated into the NHS Helpline. A booklet is also available giving details about hypothermia and those who are most vulnerable. The NHS helpline number is 0800 224488.

DoH announcements

The Department of Health is still unable to say when advice on prescribing Viagra will be released or when a decision will be made on whether to exempt aspirin 75mg tablets from restrictions on pack sizes. Health minister Tessa Jowell said on December 17 that there would be a statement "as soon as possible", but on Tuesday the DoH could not say how soon. Pfizer has requested "urgent public clarification" from the DoH as to how the drug will be available on the NHS.

CPTA telephone number

The telephone numbers for the Cosmetics Toiletry & Perfumery Association given in the conferences and exhibitions listing (p22) in the January 2 issue were incorrect. The correct contact number for the annual meeting and the autumn conference should be 0171 491 8891.

New Welsh secretary

Erica Barrie has been appointed secretary to the Royal Pharmaceutical Society's Welsh Executive. Mrs Barrie will be working three days a week based in Cardiff once the Society acquires an office there.

Phytochemical Dictionary

The second edition of the 'Phytochemical Dictionary: a handbook of bioactive compounds', giving details of over 3,000 substances derived from plants, is now available, priced £250, from Taylor & Francis Group, tel: 01256 813000.

Man charged with pharmacist's murder

A 20 year-old man has been charged with murder following the death of a retired pharmacist over Christmas.

The body of John Greenwell, a former Boots pharmacist, was found at his home in Houghton-le-Spring, Tyne and Wear, early on Christmas Day. He had been beaten about the head and stabbed.

A local man, Stephen Unwin, was arrested on the following Sunday and has been remanded in custody by Houghton-le-Spring magistrates.

Smoking control centre opened in Doncaster

Martin Cooke, SmithKline Beecham Consumer Healthcare product manager (left), Helen Willard, manager of the Pregnancy Quitline, a locally based helpline, and David Vanns, Weldricks' pharmacy operations director

Weldricks pharmacy group has opened a 'Smoking Control Centre' at one of its Doncaster stores.

The centre at the Hallgate pharmacy offers advice and support literature to anyone wishing to stop smoking. A free smokerlyzer test to measure exhaled carbon monoxide is available.

All staff in the store have undergone smoking cessation training, and an additional member of staff, partly funded by SmithKline Beecham, has been employed to run the centre. Generic leaflets and posters for the centre have been provided by SB.

Patients purchasing nicotine replacement therapy are asked to complete a questionnaire, requesting permission for a follow-up interview. This may be used to monitor success rates and reasons for relapse.

If the centre is successful it may become permanent and extended to some of the group's other branches.

Medicines management pilot to start in Kent

A pilot project is about to start in Maidstone, Kent, looking at medication management in 80 elderly patients.

Four pharmacists will visit the patients to see how they are using their medication and carry out a medication review in consultation with the prescriber. The pharmacists will supply compliance aids if necessary, train the patients how to take their medicines and monitor the effectiveness of the new regime after six months.

Patients will be selected by the prescriber, the pharmacist or carer as needing help and typically they could include those taking three to five medicines a day. Ultimately the GP will decide, in conjunction with a pharmacist, who will take part in the trial. Geoff Garside, one of the organisers, said the impetus for the project came from local nurses whom patients had asked to help with their medicines.

West Kent Health Authority has agreed to pay pharmacists £250 per patient to cover three visits, supply of compliance aids and delivery of medicines. As patients can choose which pharmacy dispenses for them, payment will be split between the pharmacist carrying out the review and the one supplying the medicines. Pharmacists taking part come from independent and multiple pharmacies.

Pharmacist argues for 'greater freedom'

Pharmacists should be given greater freedom to sell Pharmacy-only medicines, an Essex pharmacist has claimed.

Shervin Nikjoo made this claim as he defended himself against charges of professional misconduct at a resumed hearing of the Statutory Committee of the Royal Pharmaceutical Society last month.

He is charged with acting unprofessionally by selling large quantities of kaolin and morphine to a woman, without consulting her doctor, despite the medicine being a substance "liable to misuse". It is also said that he left his premises at The Pharmacy, Little Clacton, Clacton-on-Sea, unattended, and that he failed to provide proper storage for drugs.

Society inspector Miss Janet Edgington told the hearing how she and a colleague had visited the premises on June 3, 1997, and found no qualified pharmacist on duty. The counter assistant told them that Mr Nikjoo had left 20 minutes earlier to deliver medicines locally in Frinton and Holland-on-Sea. The inspectors ordered her to close the pharmacy, but when they returned later in the afternoon they found she had re-opened the shop.

A little later they discovered that Mr Nikjoo was in fact in Gloucester doing locum work and had left Little Clacton at about 12 noon. When interviewed later, Mr Nikjoo, of Frinton-on-Sea, said he had started work as a locum because his business was subject to a bankruptcy petition.

Cross-examining Miss Edgington, he asked: "Do you not think that a pharmacist should be given greater freedom in the things which he can sell?"

Miss Edgington declined to give a general answer but agreed that there might be instances when this was the case.

In his evidence Mr Nikjoo explained how it could be more profitable to travel across the country to work as a locum rather than stay in his own shop. He would pay around £150 for another pharmacist to take over in his own business and although he was only paid the same sum for working elsewhere, when other travel expenses were taken into account he could make a profit of up to £150 a day.

"It seems to be an absolute bonanza to me," said Gary Flather QC, chairman of the Committee. "Maybe I should change my profession."

Mr Nikjoo claimed that when Pharmaceutical Society inspectors arrived at his Little Clacton business to find no qualified pharmacist on duty it was an "isolated incidence". On all other occasions when he had been away doing locum work he had ensured that there was somebody else in place qualified to run the pharmacy.

He admitted that he had made a professional error in selling a kaolin and morphine mixture to a patient over such a long period and agreed that it was a treatment now largely rejected by doctors and chemists. But the precarious financial position of his business meant that at the time he was unable to buy more modern treatments. Mr Nikjoo denied that he had only supplied large quantities of the treatment because the patient in question was also buying large quantities of cosmetics and toiletries from his shop.

The Committee reserved its judgement in the case. Its decision is expected later this month.

Reps success in PAGB diploma

The first over the counter sales representatives have completed the Proprietary Association of Great Britain's diploma in OTC healthcare with a pass rate of 93 per cent.

Of the 75 candidates from ten companies sitting the exam, 28 per cent achieved a distinction. The exam was set and marked by the College of Pharmacy Practice and consisted of three parts. This included a compulsory paper covering the history of the industry, pharmacy, body science and regulatory issues, and two papers for elective modules on therapeutic areas.

Pharmacists can identify those sales representatives who have successfully completed the diploma course by a badge or lapel pin featuring the PAGB logo with a mortar board. Successful candidates will also receive a certificate.

Concern over use of genetically modified products

Boots the Chemists has been targeted by *The Independent on Sunday* as possibly using genetically modified products in its own-brand medicines.

Boots is unable to say for sure if excipients used in its medicines are derived from genetically modified crops. Many of its medicines use "derivatives of derivatives of derivatives" which makes it difficult to trace the original source.

"We are no different to any other company," claimed a Boots' spokeswoman, adding that the issue should be looked at by the pharmaceutical industry, rather than individual companies.

The Proprietary Association of Great Britain says that the issue of genetically modified ingredients only arises with some excipients, and mainly only in those products that include starch or thickening agents which may have been derived from soya or maize.

"Under UK and EU legislation there is no requirement for medicines to detail manufacturing methods for excipients on labels," said the PAGB on Wednesday. The PAGB believes that any major drive towards monitoring such ingredients is most likely to come from the food industry, "and as they become acceptable in foodstuffs generally and therefore more widely available, genetically modified ingredients will also become more acceptable in medicine".

Use of genetically modified products in ethical medicines is not currently monitored and the Association of the British Pharmaceutical Industry has no plans to do so.

IN PARLIAMENT

Denham succeeds Milburn

Pharmacists may be giving three cheers for the arrival of John Denham in the hot seat at the Department of Health to replace Alan Milburn as minister of state under Frank Dobson.

Mr Denham, 45, is a down-to-earth practical minister who can be relied on to make progress on the plans for a wider role for pharmacists which were delayed by Mr Milburn.

The new health minister earned a reputation for his quiet, calm and competent handling of the pensions review at the Department of Social Security under Harriet Harman and Alistair Darling.

He was put in harness with Frank Field, the maverick who walked out of Tony Blair's Government last July, and it was widely known that the two ministers did not get on. "He hated working with Frank Field," said one insider. "He did all the spade work on pensions. He is very highly regarded by the Prime Minister."

His arrival at the Department of Health was caused by the resignation of Peter Mandelson and in the Whitehall round of 'musical chairs' which followed, Stephen Byers was moved to the DTI to replace Mr Mandelson; Mr Milburn was promoted to the Cabinet in the Treasury to replace Mr Byers; and Mr Denham was moved across to replace Mr Milburn.

Mr Denham will be given a baptism of fire in his new job, overseeing the introduction of the primary care groups and the legislation on the reform of the NHS. One of the items in his in-tray will be the development of the pharmacy initiative which Mr Milburn had long promised, but had yet to deliver.

Given his reputation for a practical approach, pharmacists have a right to expect some action soon from Mr Denham's office, or they will begin to feel that pharmacy is the Cinderella department of primary care.

Mr Milburn, as chief secretary to the Treasury, will be in charge of public finance, and will have an insight into the financial demands of his former department, which could lay the ground for some interesting battles between the former health minister and his successor, when he asks for more money in the future.

Mr Denham won his seat in the 1992 General Election in Southampton Itchen with a slender 551 majority after ten years in local politics on the Southampton City council. He now has a majority of over 14,000. He entered politics as a campaigner for the Friends of the Earth and then War on Want.

Xrayser

Topical Reflections

GSL gum spells out bad news for the health of the nation

Once again I have spent a long time this New Year counselling customers who want to give up smoking. I find the time spent professionally rewarding and, unlike many other health education initiatives, the sale of a suitable nicotine replacement therapy also provides some element of financial reward.

However, if Pharmacia and Upjohn has its way, nicotine gum will soon be sold by every newsagent, supermarket and garage forecourt in the land.

The argument is that GSL availability of 2mg nicotine gum will encourage more smokers to quit smoking and that pharmacists' objections are based on financial selfishness. If expecting a decent profit for good professional advice is selfish then I plead guilty, but at least when customers purchase any nicotine replacement product from my pharmacy they are carefully questioned and then guided towards the most effective regimen for giving up both smoking and its potentially addictive nicotine replacement alternative.

If even low strength nicotine gum is freely available, then there is a danger that non-smokers will purchase the gum as a recreational drug in order to sample the power of nicotine without exposing themselves to the dangers of smoking. Nicotine gum will merely become a competitor for Wrigleys and will be actively promoted by those with a vested interest in increasing its sale, not as an aid to giving up smoking but as a means of increasing the sales of nicotine products.

And to the young this will be particularly attractive. No longer the down side of their first drag or the subterfuge of purchasing their first cigarette. A quick hit with the gum and then they will quickly move on to a normal smoking habit when exposed to its social temptation at their next party.

I believe that the Imperial Cancer Research Fund and other eminent voices are naïve in backing the unsupervised sale of nicotine gum.

Deregularise nicotine gum and the number of nicotine addicts will increase. This will be good news for Pharmacia & Upjohn's sales figures and deeply satisfying to the tobacco barons, but bad news for the health of the nation as the number of young smokers continues to increase.

Look back at lessons of the past to learn lessons for the future

The end of December is not just the end of the old year but also the end of my financial year. A time to consider the lessons of the old and look forward to the new. I have just analysed last year's turnover figures and they make for unpleasant reading.

The year 1998 was not a bountiful year. Compared with 1997 my counter turnover is down, not a lot, but after inflation and expenses, down sufficiently to make me very concerned that I am slowly losing the unequal struggle against the inexorable forces of commercial competition.

Then there is the NHS. Prescription numbers have risen and NHS turnover shows a healthy paper increase. But all in the garden is not rosy. The increase in script numbers was only just enough to compensate for the generous below level increase in remuneration imposed by the Department of Health, an increase in net ingredient cost does nothing for my profits and my stock levels are still rising sharply.

The stark truth is that in the past year my real income has fallen substantially, and with the discount clawback looming, 1999 can only be predictably even worse. The dual reality of commercial competition and a reduced NHS income has made me more pessimistic this New Year than I can ever remember.

I have never regretted choosing community pharmacy as my professional career, but I fear the forces of attrition are stacking the cards against me. My traditional markets are being eroded, the magic 'P' is becoming the route to GSL oblivion and political fine words are as ethereal as those who utter them.

But my business is still about the average. It is those on a less stable footing who could now be sinking fast. 1999 could at last see the wholesale closures that both the Department of Health and the multiples have been secretly seeking.

Medical matters

Migraine increases stroke risk in young women

Young women with a history of migraine are three and a half times more at risk of ischaemic stroke than non-migrainous women, says a study in the *British Medical Journal*.

Researchers at Imperial College School of Medicine and the Radcliffe Infirmary investigated 291 women aged 20-44 years who had suffered ischaemic stroke (caused by a deficiency of blood to the brain resulting from blocked blood vessels), haemorrhagic stroke (impaired blood flow resulting from a burst blood vessel) or unclassified arterial stroke and compared them with 736 age- and hospital-matched controls.

They found that migraine in these women significantly increased the risk of ischaemic stroke but not haemorrhagic stroke. In addition, up to 40 per cent of strokes in migrainous women appear to develop directly as a result of a migraine attack, referred to as a migrainous stroke.

They also discovered that the co-existence of oral contraceptive use, high blood pressure or smoking increased risk of ischaemic stroke even further. However, a change in the type or frequency of migraine with oral contraceptive use did not predict subsequent stroke.

When the researchers looked at family history of migraine, irrespective of personal history of the condition, they found an increased risk of both ischaemic and haemorrhagic stroke. The authors believe this particular finding requires further investigation.

The study was part of the World Health Organisation Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception.

Bisoprolol reduces heart failure death rate by a third

The beta-blocker bisoprolol has been shown to reduce mortality and hospital admissions for heart failure by almost a third.

The Cardiac Insufficiency Bisoprolol Study II (CIBIS-II), whose results were published in *The Lancet* last week, was set up to establish the impact that beta-blockers had on mortality in heart failure. Beta-blockers were already known to improve morbidity and left-ventricular function.

CIBIS-II enrolled 2647 patients from 18 European countries and followed them for 1.3 years. All had moderate stable heart failure and were receiving standard therapy with diuretics and angiotensin-converting enzyme inhibitors. The patients were then randomly assigned placebo (n=1320) or bisoprolol 1.25mg (n=1327) to a maximum of 10mg daily.

The trial was stopped early because bisoprolol showed a significant mortality benefit over placebo: all cause mortality was 11.8 per cent compared with 17.3 per cent with placebo, a 32 per cent reduction of risk. Sudden deaths were also lower, 3.6 per cent versus 6.3 per cent for placebo, translating as a 42 per cent reduction. Hospitalisation due to worsening heart failure was also reduced by 32 per cent with the active drug.

Although the trial shows beta-blockade benefits in survival in stable heart failure, the authors warn that the results should not be extrapolated to patients with severe symptoms and recent instability, as safety and efficacy have not been established in such cases.

Life expectancy notches up a few more years

You can now expect to live to 74.4 years if you are a man and 79.6 if you are a women, according to the latest life expectancy figures from the Office for National Statistics.

Based on deaths in 1994-96, male life expectancy has risen by 2.4 years from 1984-86 and 4.8 years from 20 years earlier. In women, life expectancy has risen by 1.8 years from a decade earlier and 3.8 years from 20 years earlier.

The ONS report on mortality in England and Wales in 1996 also includes statistics of death from coronary heart disease. The rate was highest in the North-east of England for both men and women, 17 and 24 per cent above average respectively, and lowest in the Eastern region of England, 10 and 9 per cent below average respectively.

One staggering statistic came from the Merseyside region where death from chronic liver disease and cirrhosis was the highest, reaching 92 per cent above average for males and 66 per cent for females.

Mortality statistics, general 1996 Series DH1 no29, £25.00.

SCRIPT SPECIALS

Ibumousse from Dermal Labs

Ibumousse is a new topical analgesic mousse containing ibuprofen 5 per cent w/w.

The aqueous mousse is non-sticky and spreads easily over large areas. It also has a soothing, cooling effect when applied, compounding the analgesic and anti-inflammatory properties of ibuprofen.

Ibumousse, which has a Pharmacy licence, comes in a 125g ozone-friendly aerosol and carries a basic NHS price of £6.58 (retail £11.60).

Dermal Laboratories Ltd. Tel: 01462 458866.

Protium licensed for H pylori

Knoll's pratan pump inhibitor Pratium (pantaprazale 40mg) has been licensed far use in triple therapy in the eradication of *Helicobacter pylori*. Clinical data have shawn eradicatian rates of up to 94 per cent, comparable with ameprazale and lansaprazole, the two other proton pump inhibitars currently appraved far *H pylori* eradicatian.

Knoll Ltd. Tel: 0115 9125000.

Kapake Insts 60/1000

Galen has reinforced Kapake Insts effervescent powder sachets with a new high strength variant cantaining 60mg codeine phosphate hemihydrate and 1,000mg paracetamol. Kapake Insts 60/1,000 is available on prescriptian for severe pain and comes in packs af 50 sachets (basic NHS price af £8.53).

Galen Ltd. Tel: 01762 34974.

High strength Viridal Duo

Viridal Duo naw comes in a high strength 40mcg alprostadil intracavernaus injectian in addition to the existing Viridal Dua 10mcg and 20mcg variants. Viridal 40 Dua helps campliance by eliminating the need ta prescribe twa injectians to patients requiring more than 20mcg af intracavernous alprastadil. Research has shawn that 27 per cent af men suffering impotence require 35-40mcg dases af intracavernaus alprastadil. Viridal 40 Duo comes in hospital starter packs (£33.59) and GP cantinuation packs (£27.86) containing two cartridges, two needles and four antiseptic swabs.

Schwarz Pharma Ltd. Tel: 01494 797500.

Sugar Bureau on the web

The Sugar Bureau has launched its Scientific Information Service on the worldwide web. The site, which can be found at *http://www.sugar-bureau-sis.co.uk*, cantains the latest research into diet and health and is aimed at healthcare professionals. A search facility pravides infarmation on specific nutritional tapics.

The Sugar Bureau. Tel: 0171 828 9465.

Seretide approved in Europe

Glaxo Wellcame has received European (exception is France) marketing approval for Seretide, a cambinatian salmeterol/fluticasone inhaler for the management of respiratory disease.

Glaxo Wellcame plc. Tel: 0171 493 4060.

Big... Bigger...

Profit opportunities on every sale of Cuprofen tablets.

Cuprofen is the fastest growing ibuprofen brand[1].

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FOR IBUPROFEN, CHOOSE CUPROFEN

Seton Scholl Healthcare plc

CUPROFEN IS ONLY AVAILABLE IN PHARMACY

Cuprofen Maximum Strength Product Information. Presentation: Each pink, film coated tablet contains Ibuprofen BP 400mg. **Indications:** For the relief of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), ankylosing spondylitis, osteoarthritis and other non-rheumatoid arthropathies, periarticular conditions eg frozen shoulder, bursitis, tendinitis, tenosynovitis and low back pain, soft-tissue injuries eg. sprains and strains. Also indicated for the relief of mild to moderate pain eg. dental, post-operative pain and dysmenorrhoea, for the relief of migraine **Dosage and administration:** *Adults and Children over 12 years:* Initial dose is 1200mg in divided doses. Some patients can be maintained on 600-1200mg daily. In severe or acute conditions it may be advantageous to increase the dosage, provided that the total daily dosage does not exceed 2400mg in divided doses, with water. Children: The dose is 20mg/kg/body weight daily except in children weighing less than 30kg. The total dose in 24 hours should not exceed 500mg. Elderly: No special dosage modifications are required for elderly patients unless renal or hepatic function is impaired; in this case the dosage should be assessed individually. **Contraindications:** Ibuprofen should not be given to patients with severe or active peptic ulcerations. **Interactions:** None known. **Precautions:** Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients, in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac or hepatic impairment caution is required since the use of NSAID's may result in deterioranon of renal function. The dose should be kept as low as possible and renal function should be monitored. **Use in pregnancy and lactation:** No teratogenic effects have been reported in animal experiments. However, the use of ibuprofen should be avoided if possible during pregnancy. **Side effects:** Adverse effects reported include dyspepsia, gastro-intestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. Very rarely toxic amblyopia has occurred; on cessation of treatment recovery has occurred. NSAID's have been reported to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. **Overdose:** There is no specific antidote to ibuprofen. Management usually includes gastric lavage associated with special care of plasma electrolytes and any other appropriate symptomatic relief. **Legal Category:** P. **Pack Quantities and RSP:** £1.35 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per 96 tablets. **Product Licence Number:** PL 0338/0085. **Product Licence Holder:** Cupal Limited, Blackburn (A subsidiary of Seton Healthcare Group plc). Further information is available from Seton Healthcare Group plc. **Date of Preparation:** April 1997. Cuprofen is a Trade Mark of Seton.

1. Independent Pharmacy Audit MAT July 1998. 2. Taylor Nelson Sofres - Counterpoint Q2 1998. 3. Independent Pharmacy Audit MAT July 1998

The fact is, he's thinking hard about that cigarette. But, because his pharmacist recommended NiQuitin CQ, he can overcome the temptation. The NiQuitin CQ patch is taking the edge off his urge to smoke.

He also enrolled in the unique Committed Quitters Sto Smoking Plan. The CQ Plan is personalised just for him, and it's keeping him motivated and in control, particula in situations like this. That's why he knew social situati

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctor's advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be rem before going to bed. However, 24 hour use is recommended for optimum effect against mo cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. hands after use in water only. **Contraindications:** Use by non-smokers, occasional smoke children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' a in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular dis recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, p ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczem dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine l caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adren blockers may need dose decrease; adrenergic agonists may need dose increase. Patients shou warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin

SB

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deal with them. So why think of his pharmacist?
cause the patch, the plan and the commitment all
arted with his pharmacist's recommendation.

NEW

NiQuitin CQ®

Nicotine

STOP SMOKING AID

o safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of lication should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, ycardia. Other systemic effects may relate either to using patches or smoking cessation: sea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, dache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial eeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become gnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 79/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 . U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** Novembe

NiQuitin CQ, CQ and **Committed Quitters** are trade marks.

HELP HIM STAY CALM, IN CONTROL – AND QUIT

Counterpoints

Vantage Acidex for indigestion

AAH Laboratories has introduced Acidex heartburn and indigestion liquid under its Vantage brand name.

Acidex is a sugar-free, gluten-free, aniseed-flavoured liquid, containing sodium alginate, sodium bicarbonate and calcium carbonate.

A 200ml bottle retails at £2.89.

AAH Pharmaceuticals Ltd.
Tel: 01203 432400.

Hot stuff from Haliborange

Seven Seas is launching Haliborange High Strength Hot C Soothing Drink with Honey and Lemon.

The product is formulated to provide a comforting hot drink that helps replace the vitamin C lost through colds and flu, while soothing a sore throat.

It does not contain an analgesic, making it suitable for those who fear drug interactions with traditional cold and flu remedies and want greater control over self-medication. It can be used with paracetamol, aspirin or ibuprofen.

Fiona Wilkinson, Haliborange product manager, says: "Vitamin C is the most popular self treatment for a common cold and it can reduce the duration by up to 23 per cent."

Available in sachets of ten, each containing 500mg of vitamin C, the product retails at £2.99. The launch will be supported by a £1 million promotional spend.

Seven Seas Ltd.
Tel: 01482 375234.

Diflucan One is back on TV with restaurant commercial

Pfizer Consumer Healthcare is supporting its Diflucan One oral OTC treatment for vaginal thrush with a £2.25 million advertising campaign this year.

The brand's 'restaurant' commercial is being broadcast on ITV, Channel 4, Channel 5 and Satellite this month.

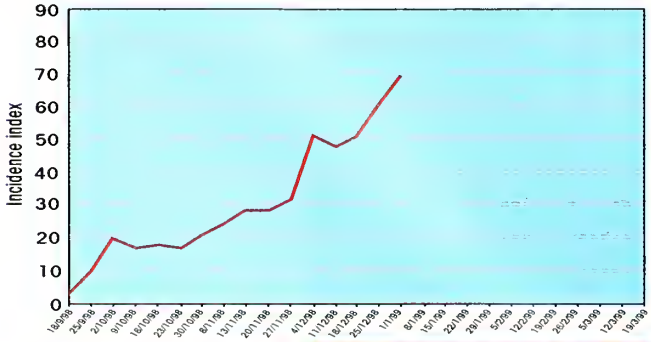
The advertisement shows a young, successful '30-something' woman entering a restaurant where she meets a female friend and takes a Diflucan One capsule with a glass of water.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	**Alert**	**1 week**	66.0
Bristol	Alert	2 weeks	57.9
Glasgow	**Alert**	**1 week**	59.8
Leeds	Alert	5 weeks	84.7
London	**Alert**	**2 weeks**	57.8
Manchester	Alert	3 weeks	98.1
Newcastle	**Alert**	**2 weeks**	81.6
Norwich	Alert	1 week	61.5



SPONSORED BY Benylin

MARKET STATUS
ALERT
(week 2)

Fresh formula for extra comfort

Allergan has reformulated its Complete Comfort Plus all-in-one contact lens solution.

The product has been improved with a fresh lens formula to lubricate and moisturise lenses, allowing longer, more comfortable lens wear even in drying environments.

Designed to clean, rinse, disinfect, rewet and store all types of soft contact lenses, it offers automatic protein removal and a built-in ocular lubricant for combating dry lenses.

Retail prices are £5.89 (120ml) and £8.59 (240ml).

Allergan Ltd.
Tel: 01494 444722.

Seven Seas builds its liquid assets

Seven Seas is targeting arthritis sufferers with the launch of its new high strength cod liver oil liquid.

Seven Seas Extra High Strength Pure Cod Liver Oil Liquid contains Triomega fish oils to boost levels of the omega-3 nutrients which have anti-inflammatory benefits. Each spoonful of the liquid gives more than four times the amount of omega-3s than the equivalent amount of regular cod liver oil. It is available in 150ml (£3.25) and 300ml (£4.99) sizes.

The launch of the liquid follows the success of Seven Seas Extra High Strength Pure Cod Liver Oil capsules.

Seven Seas Ltd.
Tel: 01482 375234.

Energy boost for mums-to-be

Verve Mum to Be, a new product, combining long chain carbohydrates and amino acids, claims to supply energy during pregnancy and motherhood. One sachet is dissolved in water when needed. Five sachets retail at £2.99.

TAGG NPD Ltd.
Tel: 01638 750504.

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Ozone toothbrush makes a clean sweep

Ozonex Ltd is introducing a new toothbrush in the UK this year.

The Ozone Toothbrush has been developed for all ages with the emphasis on design for improved brushing of teeth and gums.

A hole in the centre of the bristle head helps to rinse away food debris and excessive toothpaste residue, resulting in a cleaner toothbrush and improved oral hygiene.

The toothbrush has been designed in consultation with Dr Stephen M Dunne, senior lecturer/consultant at The Dental Institute, King's College London.

It is available in three bristle strengths - Ultra Soft, for young children and those with sensitive teeth and gums, Soft/Medium and Medium/Hard for adults. It is packaged with a protection cap for use when travelling.

The toothbrush comes in four colours - pink, blue, green and yellow. Retail price is £1.95.

Ozonex Ltd.
Tel: 0181 886 1111.

Palmolive takes a caring approach

Colgate-Palmolive is targeting consumers with extra dry and extra sensitive skin with its three new Palmolive shower and bath products.

A Milk & Honey variant for extra dry skin joins both the Palmolive Shower & Creme and Bath & Creme ranges. The product combines natural extracts of milk and honey in a mild formulation.

New Shower & Creme with Natural Milk Extracts, which has a hypoallergenic formula, is aimed at consumers with extra sensitive skin.

Retail prices are £1.99 for the 250ml shower packs and £2.49 for the 500g creamy foam bath.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Oralcare duo freshens the way for the mouth

Periproducts is launching its Retardent toothpaste and Retardex oral rinse in pharmacies.

Previously only distributed through dentists, both products are formulated to oxidise sulphur molecules in bad breath compounds to destroy breath odours at source.

The active ingredient is chlorine dioxide, an antibacterial agent commonly used as a disinfectant and deodoriser in water treatment plants.

The toothpaste and oral rinse are also designed to gradually remove organic stains such as red wine, tea and coffee, helping to restore natural whiteness.

Formulated with a non-foaming detergent, the toothpaste encourages people to brush for longer periods.

Both products retail at £7.95.

Periproducts Ltd.
Tel: 01895 625595.

Gently does it with Sensodyne ribbon

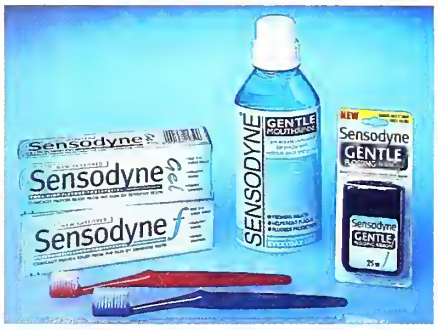
Stafford-Miller is launching a new flossing ribbon in its Sensodyne oralcare range for sensitive teeth.

Sensodyne Gentle Flossing Ribbon is a soft floss which is designed to be gentle on sensitive teeth and gums.

The product is made from 100 per cent PTFE fibre which, the company says, will not fray or shred during use and glides easily between the teeth.

It comes in a translucent blue dispenser. Retail price is £2.89 for a 25m pack.

Stafford-Miller Ltd.
Tel: 01707 331001.



Seeing double at your fingertips

Bourjois is running a two-for-one nail enamel promotion from February 24 until March 23.

Customers who buy a Bourjois Shock Resistant Nail Enamel during the promotional period will be able to choose another shade (worth £4.45) completely free.

Bourjois will be supporting its nail colour range with a TV campaign beginning on February 12. It features two 20 second commercials which, the company claims, are quite different to most cosmetic adverts.

Bourjois Ltd.
Tel: 0171 436 6110.

Action packs for hair in Inecto range

Keyline Brands is adding botanical hair packs to its Inecto range.

Inecto Action Packs for Hair come in three formulations: Peach Nut 2 in 1 Scalp Scrub & Hair Revitaliser, which contains natural peach nut oil, and Strawberry Shine Solution Hot Oil, a pre-wash conditioner containing natural strawberry extract, are for all hair types.

Coconut Miracle Moisture Soak is for dry, damaged and over-treated hair.

Packaging is in extra large laminate sachets which retail at £0.89 (25g).

Keyline Brands Ltd.
Tel: 0181 893 5333.

ABBREVIATED PRODUCT INFORMATION.

Tixylix Catarrh Syrup[1] Contains 7 mg Diphenhydramine Hydrochloride BP and 0.55 mg Menthol BP in 5 ml. For the relief of chest coughs, catarrh and nasal congestion. **Dosage:** Children 1-5 years 5 ml, children 6-12 years 1 ml. Administer four times a day. Not for childr under 1 year of age. **CI:** Hypersensitivity, acut porphyria. **Precautions:** Caution in conditions aggravated by anticholinergic therapy, severe liver disease, severe kidney disease, severe lu or heart disease, asthma, thyroid disease or depression, hepatic failure. **SE:** Sedation is th most common effect. Occasionally, allergy, anaphylaxis and anticholinergic effects, tremo paradoxical excitability, rash. **Interactions:** Tricyclic antidepressants, hypnotics, anxiolyti or antihistamines. [P]. PL 0427/0049. **PL Holder:** Rosemont Pharmaceuticals, Braithwa Street, Leeds. **Tixylix Night-Time / Tixylix Night-Time SF**[1] Original and sugar-free linctu containing 1.5 mg Promethazine Hydrochlorid BP and 1.5 mg Pholcodine BP in 5 ml. For the symptomatic relief of cough and colds in children; especially useful for irritating night cough. **Dosage:** Administer two or three tim a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **C** Hypersensitivity. **Precautions:** Caution in asthma, cardiovascular disease and epilepsy symptoms persist for more than 7 days cons a doctor. **SE:** Drowsiness can occur but this not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upse and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics. [P]. PL 0030/0080 & PL 0030/0081.* **Tixylix Inhalan** Contains 25 mg Menthol BP, 20 mg Eucalypt Oil BP, 60 mg Camphor BP and 50 mg Turpentine Oil BP per capsule. For the relief c head colds, catarrh, flu and hayfever. **Administration:** Babies 3 to 12 months: sprir contents onto a handkerchief. Place out of re of the baby. Children 1 year and over: sprnkl onto bed-linen, pillow or night-wear at night. the contents of one capsule into a pint of hot water and inhale the vapours. Always use u parental supervision. **CI:** Hypersensitivity. **Precautions:** For external use only, avoid dir contact with the skin, eyes or nostrils. GSL. 0030/0083.* **Tixylix Daytime**[1] Contains 4 m Pholcodine Ph Eur in 5 ml. A cough suppressant. **Dosage:** Administer six hourly required. Children 1-2 years 2.5 ml, children years 5 ml, children 6-10 years 5 to 10 ml. **C** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. [P]. PL 0030/0090.* **Tixylix Chesty Cough**[1] Contains 50 mg Guaiphenesin Ph Eur in 5 ml. Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. **Dosage:** Administer 4 hourly. Children 1-2 y 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **Precautions:** Should not b taken with a cough suppressant. GSL. PL 0030/0082.* **Tixylix Cough and Cold**[1] Conta 20 mg Pseudoephedrine Hydrochloride BP, 2 Chlorpheniramine Maleate BP and 5 mg Pholcodine Ph Eur in 5 ml. Cough suppressa and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three dose 24 hours. Children 1-2 years 2.5 ml, children years 5 ml, children 6-10 years 5 to 10 ml. **C** Hypersensitivity, tachycardia and severe car disorders. Those taking MAOIs or who have taken MAOIs in the last two weeks. Not recommended during an acute asthmatic att **Precautions:** Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepa insufficiency. **SE:** Drowsiness can occur but is not considered an undesirable effect. Othe effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** MAOIs, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. [P]. PL 0030/0089.* **Retail price** 1. £2.69. 2. £1.85. **PL Holder** – * NOVARTIS Consumer Health, Wimblehurst Road, Horsh West Sussex RH12 5AB.

NOVARTIS

What makes Tixylix® No. 1 for sales?

Mums can see it on TV (when they get a chance!)

We know how important your advice is to Mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring them into your pharmacy. This year we're investing **over £2 million in national TV support for the brand.**

And, with the widest range, it's no surprise that Tixylix continues to outsell the nearest competitor nearly twice over.*

Recommend Tixylix this winter – it's the one Mums are most switched onto.

Recommend Tixylix – It's specially made for children

Tixylix CATARRH SYRUP	Tixylix CHESTY COUGH	Tixylix COUGH & COLD	Tixylix DAYTIME	Tixylix NIGHT-TIME	Tixylix NIGHT-TIME SF	Tixylix INHALANT
Diphenhydramine Menthol	Guaiphenesin	Pholcodine Pseudoephedrine Chlorpheniramine	Pholcodine	Pholcodine Promethazine	Pholcodine Promethazine	Menthol,Camphor Eucalyptus Turpentine Oil

* Nielsen data on file

For further information on winter bonuses please contact Sales Support on 01403 323 955. Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Tel. 01403 210211.

IN BRIEF

Endekay change

Manx Pharma has acquired the Endekay oralcare range from Stafford Miller. Endekay Fluodrops, Fluoride Mouthrinse, Fluorinse and Fluotabs will now be supplied by Manx Pharma.

Manx Pharma Ltd.
Tel: 01622 766389.

Efamol distribution

Nutricia's salesforce is now handling the distribution of the Efamol range following Scotia Holding's sale of this dietary supplement business to Nutricia Holdings at the end of last year.

Nutricia Dietary Care
Tel: 01225 711801.

Toothpaste offer

Weleda is running a special 'three for two' promotion on its range of natural toothpastes in February. The offer will be across Children's Tooth Gel, Calendula, Herbal, Salt (bicarbonate of soda) and Plant Gel toothpastes. A free colour poster and eye-catching shelf talker is available for display in store.

Weleda (UK) Ltd.
Tel: 0115 9448222.

Golden opportunity

For the third year running, Feldene P Gel is sponsoring a nationwide women's golfing tournament in aid of the charity Arthritis Care. Pfizer Consumer Healthcare will help fund and organise the Golden Putter Tournament which last year raised £20,000 for the charity.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

New hosiery range gives added support

Activa Healthcare has introduced a specialist line of support hosiery to revitalise legs and encourage consumers to maintain an active lifestyle.

The Activa range is designed for leg problems ranging from tired aching legs to varicose veins and leg ulcers. It comprises five products - Light Support Tights, Medium Support Tights, Firm Support Tights, Sculpture Support Tights and Maternity Support Tights.

The products are presented in a colour-coded wide pack format with a hanging option especially suited to pharmacy. A range of sizes are available and all products are CE marked and conform to the relevant British Standard.

PoS material includes window cards and shelf header cards.

Retail prices range from £3.49 to £7.99.

Activa Healthcare.
Tel: 01283 540957.

Sick children's charity link to Novartis

Novartis Consumer Health has arranged a new charity link between its Tixylix and Tixymol ranges of children's medicines and Action for Sick Children - the children's healthcare charity.

The company's involvement will help to relaunch the charity and build a stronger profile for its work on a national level.

An additional boost for the charity is news that Walt Disney Pictures and Pixar Animation Studios have agreed to hold the premiere of their new film 'A Bug's Life' in aid of the charity. Tickets for the event on January 31 cost £25 each and are available from ASC (Tel: 0181 542 4848).

Disney has also agreed to hold special preview screenings of 'A Bug's Life' for pharmacists prior to the its general release in February. These events are free and tickets are available from local Novartis representatives.

Novartis is planning a series of activities throughout this year to support the charity.

Novartis Consumer Health.
Tel: 01403 210211.

Nicorette takes the plunge on TV

Traditionally, the New Year is the most popular time of year for smokers to quit. With this in mind, Pharmacia & Upjohn is supporting Nicorette with an intensive £2.2 million New Year TV campaign which is running for three weeks.

The commercial is set in a Swedish submarine in the Baltic Sea in the late 1960s. Nicotine replacement therapy was originally developed to help Swedish submariners, who were not allowed to smoke, overcome the cravings for nicotine and symptoms of withdrawal.

A 30 second version of the advertisement plays at the beginning of the commercial break and a ten second version, which highlights the Inhalator, runs at the end of the break.

The campaign is part of a £10 million advertising spend for the Nicorette range in 1999.

Pharmacia & Upjohn
Tel: 01908 661101.

SB's New Year plan to help quitters

SmithKline Beecham is supporting its Niquitin CQ NRT patch with a £7.5 million TV and press advertising campaign running throughout 1999.

TV advertising features four 30 second commercials which promote the patch and its personalised behavioural support plan.

The commercials are designed to maximise consumers' desire to give up smoking, prompted by New Year resolutions. Colour ads will also appear in national newspapers and consumer magazines.

SmithKline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Arden keeps an eye on ageing

Elizabeth Arden will be introducing a new eye cream on March 1.

Ceramide Time Complex Eye Cream SPF10 (£26.50) is formulated to maintain a youthful glow around the eyes. Ingredients include: a ceramide to reduce the appearance of dark circles; a vitamin A derivative to help combat fine lines and wrinkles; witch hazel to reduce puffiness; and SPF10 to shield eye skin against harmful ageing UV rays.

Elizabeth Arden Ltd.
Tel: 0171 574 2700.

ON TV NEXT WEEK

Beechams Flu Plus Caplets: U

Clinomyn smokers toothpaste: STV, G, Y, C, A, HTV, M, CAR, C4, C5

Diflucan One: All areas except U

Meltus: G, Y, C, HTV, M, CAR, TT, GMTV, Sat

Nicorette: All areas

Niquitin CQ: U

Nizoral dandruff shampoo: All areas except U

Sensodyne gentle mouthrinse: All areas

Sensodyne toothpaste: All areas

Strepsils: ITV, C4, C5, GMTV, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Multimedia Support Campaign

£6 Million for 1999

This high investment will support the success of Solpadeine in Pharmacy, where it is clearly the leading analgesic and has recently reached one of its highest ever shares of 16.1%*

LEADERSHIP IS EARNED

SB SmithKline Beecham Consumer Healthcare

*IRI, Total Pharmacy, November 1998. Salpadeine & Salpadeine Max are trade marks.

A bit of push and shove

Peter Vanstone has plans for Paul Murray plc. The new managing director believes he can grow the business by working closely with pharmacists. Steve Bremer reports

"One advantage of independent pharmacies is that they respond to new products more quickly than larger retail chains"

People usually associate pushing and pulling with trips on the underground or rugby matches, but few would link it to the largest pharmacy sector sundries company in the UK.

Peter Vanstone, recently appointed managing director of Paul Murray plc, says that his plan for growth involves 'pushing', as well as 'pulling'. The company's new consumer advertising initiative aims to put Paul Murray in front of pharmacists, pulling products from the shelves, while also remaining behind them, pushing the right products forward.

The company is spending £200,000 on promoting its 2,700 lines which are supplied almost exclusively to pharmacies.

Mr Vanstone says turnover has increased by two thirds to £10 million over the past five years because "we've met pharmacists' vision for the future by concentrating more on healthcare and personal care lines".

While some companies supplying pharmacies have grocery accounts, Paul Murray is proud to be almost exclusively pharmacy orientated.

New products are often launched as a result of pharmacists' suggestions, and the company is only interested in taking on lines which have pharmacy potential. "We are not trying to push everything and anything – we want to concentrate on a number of selected lines," says Mr Vanstone.

The firm claims a close relationship with pharmacists through its 22 sales representatives, half of whom have more than ten years service with the company. Pharmacists give feedback about Paul Murray via the salesforce as well as direct to management. Because the company is aimed at pharmacists, "we have to provide them with what they want", says Mr Vanstone.

One advantage of working with independent pharmacists is that they can respond to new products more quickly than larger retail chains. New lines are often on pharmacists' shelves shortly after launch, says Mr Vanstone. "If you've got the right products, pharmacy supports you very well," he added.

Peter Vanstone: pharmacies are the company's main target

Almost three times more business is done through independent pharmacies than multiples. Although business has expanded in both areas, the independent buying groups such as Numark and Nucare have helped to "hold back the tide" of the multiples and caused a resurgence in independent business, says Mr Vanstone.

Paul Murray recently invested £35,000 to computerise the warehouse at its headquarters in Chandler's Ford, near Southampton. This has increased its efficiency and created room for expansion. Warehouse staff have spent a year ensuring all products are bar-coded and operating systems are in place.

Orders can now be taken from sales representatives using a hand-held computer terminal, which sends orders along telephone lines to HQ overnight. Computerised picking lists are produced and checked off with hand-held terminals using bar-codes at the warehouse. Orders are packed on site and delivered by an external carrier. Deliveries are received at pharmacies within 48 hours of placing the order.

Progress is dear to Mr Vanstone's heart – his own career at Paul Murray has enjoyed a smooth ride to the top since he joined 15 years ago. He joined the company straight from college as administration manager, progressing to general manager two years later, and operations director in 1992.

The company was founded in 1963 in Eastleigh by Ernest Murray, who worked from home selling white coats and overalls. Although it has been a public limited company since 1987, it is still family owned.

The dynasty continued with Ernest Murray's son, Paul, who was managing director until he handed over the reins to Mr Vanstone. Mr Paul Murray is now chairman and will be concentrating on strategic development in liaison with Mr Vanstone.

Rewarding

To see projects that he has worked on for many years grow and come together is very rewarding, says Mr Vanstone.

The company now has 85 employees and ambitious plans for further growth. Paul Murray owns ten brand names which include West Point men's products, Cassandra hot water bottles and Clio cosmetic bags and holdalls.

It also has exclusive distribution rights for Miners cosmetics, Hi Power batteries, Heatwave microwave hot water bottles and Devalle aromatherapy essential oils.

The top three own-brand products are Head Girl, Paul Murray manicure and beauty accessories, and Junior Macare. Its best selling exclusive distribution products are Miners cosmetics.

An exclusive distribution deal has recently been launched for the Eezimed infant medicine dispenser. Several other exclusive distribution agreements are in the pipeline.

The Chandler's Ford headquarters consists of three buildings, although the company hopes to amalgamate them into one, or find an alternative location where it can be housed under one roof, in the near future. This consolidation should increase efficiency and reduce costs.

The facility consists of a large storage and packaging warehouse, the new computerised warehouse, and the office building.

The packaging warehouse wraps 10 million items a year, some manually, many by machine. The same number of pre-packed items are distributed through Paul Murray. It also packs lines for several multiples, including Boots The Chemists and Lloyds Pharmacy.

Murray faces stiff competition in most of its product areas. However, the profit on return on its products ranges from 30-40 per cent, which is at least as good, if not better than competitors' ranges, claims Mr Vanstone.

Products are sourced from several hundred suppliers in the UK, Europe and the Far East. Mr Vanstone and Mr Murray, who have 14 and 25 years experience respectively in sourcing new products, attend trade shows in the UK and Europe seeking new ideas.

Over 95 per cent of Paul Murray lines are distributed to pharmacies in the UK, and a small quantity are exported to places such as Scandinavia and the Middle East.

While Paul Murray has listings in most pharmacies, Mr Vanstone still believes it can increase its turnover by 50 per cent by pushing its ranges harder – he has no plans to diversify.

He believes that pharmacy will remain a strong market sector and "there is still a lot to play for".

PHARMACYupdate

Fear and loathing

Many people have a fear of insects or flying, but if the fear is so strong that you will do anything to avoid it, you may have a phobia. Steve Bremer explains

In George Orwell's novel, 1984, Room 101 wos the ploce where people were forced to confront their worst feor. Spiders, snokes or enclosed spoces would be in mony people's Room 101. For some, these objects or situotions couse feelings of intense feor or ponic, which may severely offect ond restrict their lives. These people ore suffering from o phobio.

Definition

Phobios ore irrotionol feors of porticulor situotions or objects which do not normolly trouble most people. They ore the most common form of onxiety disorders – o US study found thot between 5 ond 12 per cent of Americons suffer from phobios. They ore the most common psychiotric illnesses omong women ond the second most common in men over 25.

Symptoms include nouseo, polpitotions, difficulty in breothing, chest poins ond feelings of impending insonity or deoth.

Phobia types

Phobios ore divided into six principol groups:

- Agoraphobia

This is the most common single phobio. Agorophobio is derived from o Greek word meoning 'feor of the morketploce'. Sufferers moy experience feor of going out, being olone, crowds or loss of the 'sofe' environment. Mony ogorophobic victims become so disobled they will not leove their homes.

Two-thirds of ogorophobics ore women, most sufferers developing symptoms between the oges of 18 ond 35. Mony victims develop the disorder ofter suffering o series of unpredictoble ponic ottocks in public, moking them feor ony situotion which moy provoke on ottock.

- Social phobia

A feor of sociol ond performonce situotions in which the sufferer is exposed to unfomilior people or

Jamie Lamb

Continued on PII →

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1113), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 13, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be able to define phobia
- To recognise the different types of phobias
- To be aware of the possible causes of the disorder
- To understand management strategies
- To recognise the role of drug therapy
- To recognise social phobia

→Continued from P1

scrutiny by others. Anxiety about behaving in an embarrassing or humiliating way can lead to withdrawal from social contact.

Social phobia affects 2-5 per cent of the population at some time in their lives. Women are more often affected than men (ratio of 2.5:1) and 95 per cent of cases occur before the age of 20.

- **Illness/death phobias**

Sufferers may fear one particular disease or have a general fear of illness or death. The most common phobias are fears of cancer, heart attacks/disease and AIDS.

- **Specific phobias**

Almost anything can induce phobic symptoms, for example, closed spaces (claustraphobia), vomiting (emitaphobia), dogs, heights or swallowing.

Fear of animals is the most common specific phobia, particularly dogs, snakes, insects and mice. Specific phobias are more common in women.

- **General/diffuse phobic state**

This can be a seriously debilitating condition as the sufferer is never free from panic attacks brought on by any situation or object.

- **Obsessive/compulsive disorders**

Described as a fear of one's own impulses, sufferers usually recognise their behaviour as strange, but are compelled to perform a repetitive action. For example, obsessive thoughts about cleanliness can lead to a compulsion for continual washing. Sufferers may have a panic attack if they are prevented from carrying out their ritualistic washing.

Social phobia

Sufferers believe they will say something embarrassing or humiliating, or that others will notice their anxiety. Speaking in public, social gatherings or just writing a cheque while being watched can all produce feelings of dread.

Symptoms include increased heart rate, sweating, trembling and speech block. Some patients do not experience physical symptoms but suffer great self-consciousness, fear and apprehension. This 'anticipatory anxiety' can occur minutes, days or months before the social event and can be the most disabling part of the disorder.

Social phobia is the second most common phobia. Although lifetime prevalence is between 2 and 5 per cent, detection rate is estimated at only 3 per cent. One reason for the low detection rate may be that social phobia frequently co-exists with another psychiatric disorder. The most frequent co-existing conditions are:

- **specific phobia, 59 per cent**
- **agoraphobia, 45 per cent**
- **alcohol abuse, 19 per cent**
- **major depression, 17 per cent**
- **drug abuse, 17 per cent**

Social phobics may be significantly disabled by their condition. It may interfere with occupational, professional and academic activities.

People with social phobia are often not in a relationship and may lead a solitary life. They are up to six times more likely than average to commit suicide.

There is a variety of psychological treatment methods. These include relaxation, learning social skills, and behavioural and cognitive therapy.

There are also a number of pharmacological treatment options. Benzodiazepines and beta blockers have been used to treat symptoms, but the two current drugs of choice are moclobemide (Manerix) and paroxetine (Seroxat).

Causes

There are many causes of specific phobias. Some begin during childhood and may be linked to a vivid memory or experience. Other fears are culturally learnt, such as avoiding black cats or walking under ladders.

Often, it is unknown why a phobia develops. Young people often outgrow their phobias, but those that persist into adulthood rarely go away without treatment.

There is some evidence that social phobia is linked to abnormalities of serotonin and dopamine neurotransmission.

A phobia frequently co-exists with some other psychiatric disorder, and for this reason is frequently misdiagnosed. For example, social phobics are twice as likely to develop major depression than non-phobics. Phobia can be co-morbid with one or all of: depression, anxiety and panic. Often, phobias precede the co-existing disorder, suggesting a precipitating role.

Management

- **Drug treatment** – benzodiazepines are effective at reducing anxiety quickly, but if used long term, cause physical dependency, which can be of particular concern for a group of patients already at increased risk of substance and alcohol abuse.

The two most commonly used drugs for the treatment of social phobia in the UK are paroxetine (recommended dose 20mg daily) and moclobemide, a reversible monoamine oxidase inhibitor (recommended 600mg daily).

Agoraphobia – the fear of going out – is the most common phobia

Paroxetine, a selective serotonin re-uptake inhibitor (SSRI), is also effective in the treatment of depression, panic disorder and obsessive compulsive disorder, conditions which are often co-morbid with social phobia.

Citalopram and paroxetine are used for panic disorder, while clomipramine is licensed for use in phobic and obsessional states.

Beta-blockers reduce autonomic symptoms such as palpitations and tremor but do not affect psychological symptoms like worry, tension and fear. They are therefore indicated for patients with predominantly somatic symptoms.

- **Behavioural therapy** – for example, a person with arachnophobia imagines a spider for increasing lengths of time until they can do so without becoming frightened. Then, they may look at pictures or models and finally touch a spider. This is called exposure treatment.

Counter-conditioning is another classical conditioning technique used. Patients learn to substitute a relaxation response for the fear response.

- **Support groups** – allow people to talk about and share their fears with other phobics, providing counselling and teaching relaxation methods.
- **Alternative treatments** – hypnotherapy and acupuncture have worked for some people.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

RESOURCES

For further information on drugs used in phobias, see 'The Psychotropic Drug Directory' by Steve Bazire.

Self-Help Groups:

- **National Phobic Society**
  407 Wilbraham Road
  Chorlton
  Manchester M21 0UT
  Tel: 0161 881 1937
- **Triumph over Phobia (TOP UK)**
  PO Box 1831
  Bath BA2 4YW
- **The Thanet Phobic Group**
  47 Orchard Road
  Westbrook
  Margate
  Kent CT9 5JS
  Tel: 01843 833720

ACTION PLAN

1. Do you have any phobias? An irrational fear of spiders, snakes, public speaking? Think about one of them. Try to relate how you feel to help you understand the fears of others.
2. Do you have any patients taking moclobemide? If you do, try to find out if it is for a phobia.
3. Can pharmacists help to treat phobias (apart from dispensing)?
4. Do you know anyone with obsessional compulsive disorder? How can you help?

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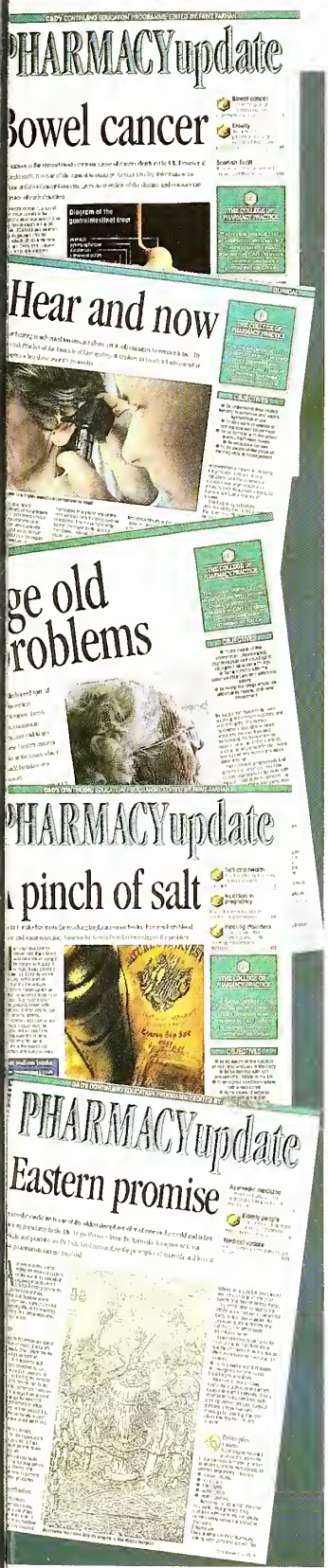

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Supply and demand

How do you deal with 'owings'? Ruth Rodgers, consultant pharmacist and formerly head of ethics at the Royal Pharmaceutical Society's professional standards division, gives two extreme examples

Dave was busy in the dispensary when he overheard a conversation between one of his regular customers and Joanne, the sales assistant. Maureen's elderly mother was ill and the doctor had left a prescription for some antibiotics when he had visited that morning. Moureen was asking if it would take long to get ready since she was anxious to get back to her mother.

Joanne passed the prescription over for dispensing and Dave started to get it ready. When he went to the shelf he realised he only had sufficient stock to supply three of the seven days' treatment ordered, so he dispensed what he had. As he was about to hand the item out he was called to the phone. Dr Janes from the local surgery was returning his call. Dave was anxious to speak to him as he was hoping to take on some formulary work for the surgery and the doctor had proved difficult to contact. He knew that Dr Janes wouldn't take kindly to being kept hanging around and yet he really should have a word with Maureen about the stock shortage.

Good systems in the dispensary can help prevent unethical practice

One – the quick way out

Torn between handing out the prescription or speaking to the doctor, Dave was relieved when Joanne came and took the prescription from him.

In his enthusiasm to get to the phone, Dave didn't remember about the part supply nor did he provide on owing slip. His was a small pharmacy, he and his staff knew everyone and he didn't see the need for creating extra work.

When he went back to the prescription he reasoned that Maureen would realise that more tablets were needed when her mother ran out soon after starting the course of treatment. He didn't give the matter any more thought – until a week later when Dr Janes came in demanding to know what Dave was up to. Moureen's mother had been taken into hospital thot morning after being diagnosed with pneumonia on top of the pleurisy she was being treated for. Maureen had told the doctor that her mother had finished taking the medication several days ago and he was now blaming Dave for not supplying the full course of antibiotics as per the prescription. Dr Janes was so incensed that he was talking about reporting Dave's actions to the relevant authorities.

He added that Dave was always looking for the cheaper way to do things and perhaps this extended to making savings by not supplying the full quantity prescribed. Before Dave hod a chance to counter the allegations with an explanation, Dr Janes stormed out and Dave was left wondering what had gone wrong.

Two – too good to be true?

Dave was keen to establish himself as a professional colleague with the doctors and knew that a subservient manner would not achieve his aims. He explained that he was in the middle of handing out a prescription and would be able to give the doctor his undivided attention if he could wait a few seconds.

Going back to the prescription, Dave completed an owing slip, ensured that the item was put on the next order and handed the medicine to Maureen with advice about the incomplete supply. He then went back to his phone call.

Dave's negotiations with the practice were successful, the doctors had been swayed by the professional service provided to their patients, and decided to work with him to develop the formulary.

Discussion

OK, so neither situation sounds that realistic. However, many pharmacists provide a service equal to or approaching that offered by Dave in the second scenario.

Unfortunately, it is only when the system breaks down, or if it was never in place, that the shortfalls of unethical practice become apparent.

The code of ethics in Standard 5.3(7) of the appendix requires that owing slips are always given if the full supply cannot be made when presented for dispensing. Although not a substitute for good communications or, perhaps, stock control, the issue of the slip gives a clear indication that there is no intent not to supply the medication.

The ability to prioritise time and effectively manage it is also key to avoiding such unpleasant situations. It is also pertinent to remember that the Code of Ethics places the pharmacist's duty of concern for the patient's welfare above all other concerns.

A final point to remember is the need for audit after a situation such as this. While such events do occur, it is the failure to recognise the components of the breakdown, in this case, essentially poor communication, and take appropriate action to prevent recurrence, which would add to the seriousness of the complaint.

Underground resistance

Everyone is talking about antibiotic resistance but how did it start and how will it end? Leicester Royal Infirmary drug information pharmacist Sarah Sims, who also helps run the Consumer Health Information Centre, explains the facts

OBJECTIVES

- To understand how resistance develops
- To be aware of problematic bacteria and viruses
- To recognise the problems of antibiotic prescribing in animals
- To be aware of the new agents being developed
- To be aware of patients' understanding of antibiotics

In the past 70 years the availability of antibiotics has had a huge impact on our expectations of life and death. The fever hospitals and the tuberculosis sanatoria have now gone. In the early 1930s, the death rate from sepsis following childbirth in this country was 100-120 per 100,000 births, despite rigorous hygiene precautions. Within ten years, following the introduction first of sulphonamides, then of penicillin, this rate fell to almost zero.

When antibiotics first came into use, resistance was not a problem. From 1945 to the late 1980s, new antibiotic agents were developed faster than the bacteria developed resistance. While the 1950s and 1960s saw the discovery of many new classes of antibiotic agents, the 1980s and 1990s saw only improvements within these established classes. There is now the uneasy feeling that the bacteria are winning. No new classes of antibiotic agents have been developed in the past 15-20 years, while bacterial resistance to antibiotics has been increasing at an alarming rate. Bacterial resistance has now been reported against every currently available antibiotic agent.

About 50 million antibiotic prescriptions are dispensed in England every year – an average of one prescription per person per year. Most of these (80 per cent) are for oral antibiotics in the community. About half of this use is for respiratory tract infections (RTI). The prescribing is mostly carried out by GPs, but dentists account for about 7 per cent of community prescriptions.

Developing a new antibiotic agent costs around £350 million

Development of resistance

The link between the development of antibiotic resistance and the widespread use of antibiotic agents cannot be disputed. Although the use of antibiotics is essential for the treatment of human disease, it is also recognised that there is substantial unnecessary, uncontrolled or suboptimal use of antibiotics. Examples include:

- treatment of conditions where antibiotics are not indicated eg common colds, viral sore throats
- use of prophylactic antibiotics where there is no proven value eg to prevent infections associated with the use of urinary catheters
- non-compliance with complete course of antibiotic treatment
- inadequate dose or duration of antibiotic treatment
- indiscriminate use of antibiotics eg in countries where antibiotics are freely available over the counter.

The main principle of the development of antibiotic resistance is 'survival of the fittest'. Antibiotics kill susceptible bacteria, but resistant organisms will survive to infect other patients. Bacteria develop resistance by mutation or gene transfer. Mutations are spontaneous, genetic changes that arise randomly and may result in the bacteria developing different characteristics. These 'new' characteristics could result in the bacterial strain developing resistance to antibiotic agents.

Antibiotics are given to kill infecting bacteria. Unfortunately, they are not targeted at just these infecting bacteria, and will try and kill any bacterium they come into contact with. The adult human body is composed of around 10^{14} cells but only 10 per cent of these are human. The remainder are bacteria, fungi and protozoa that make up our normal flora. Every time an antibiotic is given the normal flora are also exposed.

Many antibiotics are excreted in an active form, so environmental bacteria are also exposed. The use of antibiotics, even in one individual, results in a large number of bacteria being exposed to antibiotics, and potentially to the development of resistant strains. Bacteria can divide once every 20-30 minutes, so overnight one cell can yield one billion. Once a resistant mutant emerges, it may swiftly divide, becoming the predominant bacteria.

Problem bacteria

Methicillin-resistant Staphylococcus aureus

In the UK, the bacteria with the biggest antibiotic resistance problem currently is methicillin-resistance *Staphylococcus aureus* (MRSA). *S aureus* is a classical wound pathogen and has the ability to cause trivial or deep seated disease in vulnerable patients. It is carried on the skin by

Continued on PVI →

Continued from PV

about 30 per cent of the population, usually in moist sites such as the nose, perineum and axillae, and can also survive for long periods on drier surfaces, including hands and medical equipment.

When penicillin was introduced in 1944, over 95 per cent of *S aureus* strains were susceptible. This has now decreased to 10 per cent. In the 1950s, isolates resistant to penicillin were a major problem. The introduction of ß-lactamase-stable penicillins (eg flucloxacillin) in the 1960s initially overcame this problem, but was quickly followed by the development of the first MRSA. Since then most MRSA strains have developed resistance to most other antibiotic agents. They are consistently susceptible only to vancomycin and teicoplanin. However, recently there have been reports, first from Japan, then the US and more recently France, of MRSA with intermediate resistance to vancomycin and teicoplanin. These strains are resistant to all available antibacterial agents.

The MRSA problem is primarily one within hospitals, with cross-infection occurring between patients. Spread is aided by transfer of patients from ward to ward and from hospital to nursing home. Staff or fellow patients colonised with MRSA pose an infection hazard to those they come into contact with. Topical therapy with mupirocin is widely used to eliminate nasal carriage. When this was introduced in 1983 all strains of *S aureus* were universally susceptible, but both low and high-level resistance have since been reported.

Enterococci

Enterococci are part of the normal human gut flora, where they are mostly harmless. They have low virulence but can cause infection in patients whose resistance is impaired. If they reach normally sterile sites in a vulnerable patient, enterococci can cause many types of clinical problems, from superficial infection of wounds through to septicaemia. Serious infections are difficult to treat because of antibiotic resistance.

Enterococci are intrinsically resistant to available quinolones and cephalosporins, and can readily develop resistance to other antibiotic agents. Most enterococci isolated from hospital patients are now resistant to tetracyclines, macrolides, chloramphenicol and trimethoprim. Combinations of penicillins were the mainstay of treatment until the mid-1980s, but the development of resistance left vancomycin and teicoplanin as the only agents to which sensitivity could be assumed. Unfortunately, resistance to these agents emerged in the UK in 1987. Many enterococci are now resistant to all established antibiotics, forcing clinicians to use untested agents or combinations with no guarantee of success.

Streptococcus pneumoniae

Infection with *Streptococcus pneumoniae* is the biggest cause of potentially life threatening, community-acquired diseases such as pneumonia and meningitis. It is also the leading bacterial cause of otitis media and sinusitis.

Before the early 1990s most pneumococci isolated in the European Union and the US were susceptible to penicillin. Since then, penicillin resistance has increased substantially in certain countries. In Europe there is great variation in resistance rates. High rates of resistance have been reported in Spain (45 per cent) and France (25 per cent). Resistance rates of 5 per cent to 10 per cent have been reported in the UK, Germany, Belgium and Italy. Since cross resistance occurs with cephalsporins, reduced susceptibility can also be expected to extend to this group of antibiotics.

There is concern over reports from the US of *S pneumoniae* strains that have intermediate resistance to penicillin and are highly resistant to cefotaxime and ceftriaxone. Penicillin-resistant strains are more frequently resistant to other non-ß lactam antibiotics, such as macrolides and tetracycline, than strains that remain susceptible to penicillin.

Antibiotic resistance in *S pneumoniae* is a problem that is likely to grow. Recommendations for the empirical treatment of pneumococcal infections need continual evaluation, to ensure resistance patterns are taken into account.

Neisseria meningitidis

N meningitidis is an important cause of bacterial meningitis and community acquired septicaemia in children and young adults. Benzylpenicillin is the treatment of choice for infections caused by this organism. Strains of *N meningitidis* with decreased susceptibility to penicillin have been described worldwide, but the frequency with which they are found varies widely. In the UK the incidence of resistance rose to 11 per cent in 1995.

The clinical importance of infections with strains of reduced susceptibility to penicillins is unclear as treatment with high doses has still been successful. Also, ceftriaxone remains effective against these organisms.

Mycobacterium tuberculosis

Tuberculosis (TB) remains the commonest bacterial cause of death from any single infectious agent in adults worldwide, with an estimated 3 million deaths each year, mostly in the developing world. Since the 1980s there has been an increase in the number of cases reported in the developed world. Several factors may have contributed to this increase:

- co-infection with HIV
- increasing numbers of homeless persons sheltering in overcrowded conditions
- increased immigration from countries with higher prevalence.

Mycobacterium tuberculosis infections require treatment with combinations of three or four agents for at least six months. Monotherapy leads rapidly to resistance. Even with combination therapy, resistance emerges when there is non-compliance by the patient or incorrect dosing by the doctor.

The greatest treatment problem is in treating patients with multi-resistant TB, which is resistant to both isoniazid and rifampicin. Mortality is high; it can be as high as 80-90 per cent in HIV-positive patients. Rapid detection of resistance is vital for the individual, and for public health, as patients can then be rendered non-infectious as quickly as possible.

Bacterial gastroenteritis

Infection with *Campylobacter jejuni* or *Salmonella* spp is the most frequent cause of bacterial gastroenteritis. When empirical treatment is required a quinolone is usually prescribed as they have activity against both organisms. However, resistance to quinolones among *Campylobacter* spp is increasing worldwide, resistance rates of more than 50 per cent have been reported in some studies. There are also indications of reduced susceptibility to quinolone agents among non-typhoidal salmonella serotypes in the UK and the US. The use of quinolone agents in animal husbandry has contributed to the selection of quinolone-resistant *campylobacter* and *salmonella*.

Problems with viruses

Resistance can also develop to antiviral agents, as well as to antibiotic agents. Currently there are 18 specific antivirol agents licensed in the UK. Their main targets include herpes viruses, human immunodeficiency virus (HIV) and influenza. Resistance to virtually all the agents has been documented. Resistance to antiviral agents has so far raised less concern than resistance to antibiotics. This reflects three main differences:

- effective antiviral agents are a more recent development than antibiotic agents
- detection of resistance is harder than with antibiotics
- because of the difficulty in testing for resistance there are very few good epidemiological studies.

Herpes viruses

Herpes infections include cold sores (caused by herpes simplex virus 1, HSV1), genital herpes (mostly HSV2), chicken pox and shingles (varicella zoster virus, VZV). In healthy individuals these infections are self-limiting, but treatment may be used to shorten or alleviate symptoms. These same viruses can cause severe disease in immunocompromised patients in whom resistance is becoming increasingly common. Aciclovir-resistant HSV is a particular problem in AIDS patients. It is estimated that 4 per cent of isolates from AIDS patients have reduced drug susceptibility.

Human immunodeficiency virus (HIV)

Anti-HIV drugs include nucleoside inhibitors of reverse transcriptase (of which the first was zidovudine), non-nucleoside reverse transcriptase inhibitors (NNRTI) and protease inhibitors. HIV resistance to zidovudine was first reported in 1989. As a general principle, maximal suppression of the plasma HIV load limits the emergence of resistance. This observation provides the rationale of highly active antiretroviral therapy (HAART), which is now being used more. This is based on double, treble and even quadruple therapy and may encompass all three different classes of anti-HIV drugs.

Antibiotics in animals

In the UK about 50 per cent of the antibiotic usage is in humans and about 50 per cent in veterinary medicine or growth promotion in animals. Disease is inevitable in all animals, whether farm animals or pets, and healthy animals may also be carriers and excretors of pathogens.

The treatment of bacterial disease in humans and pet animals is invariably directed at the individual animal, whereas the treatment of animals reared for food is generally directed at groups or herds of animals. In farm animals antibiotic agents are also used to enhance performance by increasing growth rate. The most commonly used antibiotic agents in animals reared for food are from five major classes: ß lactams, tetracyclines, aminoglycosides, macrolides and sulphonamides.

Prophylactic treatment is usually to contain the spread of infection and prevent illness before the development of clinical signs. It entails treating a herd or group of animals after illness has been diagnosed in one or more animals.

The performance-enhancing, growth-promoting properties of antibiotics were discovered in the late 1940s and are used to improve the productivity of healthy animals by increasing growth rate. The basis of these improvements is not certain, but it is likely that more

Continued on PVIII →

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Because not all tablets are easy to swallow

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ROSEMONT

THE SPECIALISTS IN ORAL LIQUID MEDICINES

Rosemont Pharmaceuticals Ltd.,
Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE Tel: (0113) 244 1999 Fax: (0113) 246 0738

obreviated Prescribing Information. Presentation: Frusol 20mg/5ml, 40mg/5ml and 50mg/5ml are presented as oral solutions containing 20mg, 40mg and 50mg/5ml Furosemide(Frusemide) Ph Eur respectively **Therapeutic Indications:** usol is indicated in all conditions requiring prompt diuresis, including cardiac, pulmonary, hepatic and renal oedema, peripheral oedema due to mechanical obstruction or venous insufficiency and hypertension It is also indicated for the intenance therapy of mild oedema of any origin. **Posology and Method of Administration:** These solutions should only be taken orally The medication should be administered in the morning to avoid nocturnal diuresis. *Adults:* The ial initial daily dose is 40mg. This may be adjusted until an effective dose is achieved. *Children:* 1 to 3mg/Kg body weight daily up to a maximum total dose of 40mg/day *Elderly.* In the elderly, furosemide is generally eliminated more wly. Dosage should be titrated until the required response is achieved. **Contra-indications:** Frusol is contra-indicated in pre-comatose states associated with liver cirrhosis, anuria and electrolyte deficiency. Contra-indicated in hypersensitivity furosemide, sulphonamides or any of the excipients listed. **Precautions & Interactions:** Patients with prostatic hypertrophy or impairment of micturition have an increased risk of developing acute retention. Caution is required in patients ble to electrolyte deficiency. Where indicated, steps should be taken to correct hypotension or hypovolaemia before commencing therapy. Latent diabetes may become manifest or the insulin requirements of diabetic patients may increase e toxic effects of nephrotoxic antibiotics may be increased by concomitant administration of potent diuretics e.g. furosemide. Serum lithium levels may be increased when furosemide is given with lithium and therefore lithium levels ould be monitored and adjusted when necessary. A marked fall in blood pressure may occur when furosemide is given with ACE inhibitors. The furosemide dose should be reduced or stopped before commencing the ACE inhibitor therapy ardiac glycosides or anti-hypertensives are concurrently administered with furosemide their dosages may require adjustment. Certain non-steroidal anti-inflammatory agents (e.g. indomethacin, acetylsalicylic acid) may attenuate the ion of furosemide and may cause renal failure in cases of pre-existing hypovolaemia. Furosemide may sometimes attenuate the effects of other drugs (e.g. antidiabetics and pressor amines) or it may potentiate effects of other drugs (e.g icylates, theophylline, lithium and curariform muscle relaxants). Interactions have been reported with ototoxic antibiotics. In cases of concomitant glucocorticoid therapy or abuse of laxatives, the risk of an increased potassium loss should noted. **Pregnancy & Lactation:** Results of animal testing show no hazardous effect of furosemide in pregnancy and there is evidence of clinical safety of furosemide in the third trimester. It is advisable, however, that Frusol should only used in pregnancy if strictly indicated and for short term treatment. Furosemide may inhibit lactation and may pass into breast milk and therefore it should be used with caution in nursing mothers. **Effects on Ability to Drive and Use achines:** Mental alertness may be reduced and the ability to drive or operate machinery may be impaired. **Undesirable Effects:** The side effects are generally minor and Frusol is well tolerated. *General:* Nausea, malaise, gastric upset *ematological:* Electrolytes and water balance may be disturbed as a result of diuresis after prolonged therapy. This may cause symptoms such as headache, hypotension or muscle cramps. A transient rise in creatinine levels and urea els has also been reported with furosemide. Serum cholesterol and triglyceride levels may rise during furosemide treatment. During long term therapy they will usually return to normal within six months. Bone marrow depression has en reported as a rare complication and necessitates withdrawal of treatment. Pre-existing metabolic alkalosis (e.g. in decompensated cirrhosis of the liver) may be aggravated by furosemide therapy *Organ Specific:* Serum calcium levels y be reduced; in very rare cases tetany has been observed. Nephrocalcinosis has been reported in premature infants. As with other sulphonamide-based diuretics, furosemide may bring about hyperuricaemia and, in rare cases, clinical ut may be precipitated. Isolated cases of acute pancreatitis have been reported after long term diuretic therapy. Disorders of hearing after furosemide are rare and in most cases reversible. *Allergic:* The reports of allergic reactions such as n rashes, photosensitivity, vasculitis or interstitial nephritis are low, but if they do occur the Frusol treatment should be stopped. **Overdose:** Overdosing may lead to dehydration and electrolyte depletion through excessive diuresis. Treatment overdose consists of fluid replacement and electrolyte imbalance correction. **Pack Size:** 150ml in amber type III glass bottles. **Legal category:** POM **NHS Price:** 20mg/5ml £13.45, 40mg/5ml £17.35, and 50mg/5ml £18.75 **Marketing uthorisation Numbers:** Frusol 20mg/5ml - 00427/0109, Frusol 40mg/5ml - 00427/0110, Frusol 50mg/5ml - 00427/0111. Marketing Authorisation Holder: Rosemont Pharmaceuticals Ltd, Yorkdale Industrial Park, Braithwaite Street, eds, LS11 9XE, UK **Date of Preparation:** August 1998

Continued from PVI

food is converted to muscle and less is 'lost' to the gut bacteria. Following its discovery, the practice of feeding subtherapeutic doses of antibiotics was readily adopted and soon became an integral part of the animal industry. The antibiotics are given continuously at low doses, usually as feed additives.

Concern about the development of antibiotic resistance due to their use in animals was first raised in the 1960s. Resistant bacteria occurring in animals may be transferred directly to man via the food chain, or may transfer their resistance genes to human pathogens.

Antibiotics also have uses outside human and veterinary medicine. Fruit growers in the Western US spray their crops with tetracycline or streptomycin to prevent fireblight. Gentamicin is used for this purpose in Mexico. These antibiotics are chemically stable and may enter the food chain, resulting in resistance developing in the bacterial flora of the gut. Farmers in Britain do not spray fruit crops with antibiotics, but sprayed fruit may be imported.

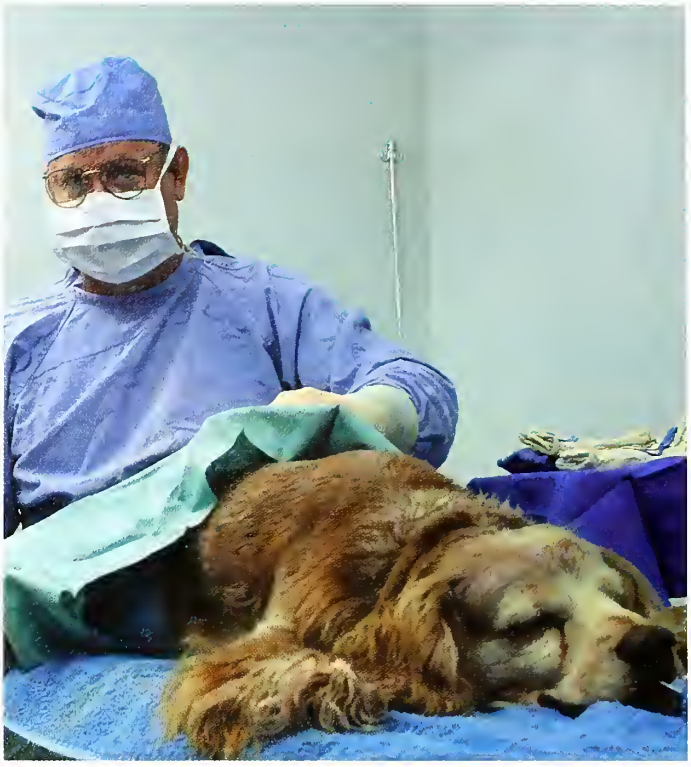
Problems in hospitals

Hospitals, and particularly intensive care units, are an important breeding ground for the development and spread of antibiotic resistant bacteria. This is a result of exposing a large patient population to heavy antibiotic use.

The main factor behind the development of antibiotic resistance is the widespread use of antibiotic drugs. More than half of patients in acute care hospitals receive antibiotics as either treatment or prophylaxis, which may lead to the selection of resistant strains from the patients' own flora. Subsequently, resistant strains may spread among patients in hospital. Transmission may occur as a result of contact between patients via the contaminated hands of healthcare staff.

ACTION PLAN

- For the next 50 antibiotic prescriptions you dispense, try to establish why they were prescribed. Make a table in your workbook recording drug, dose (frequency/strength), duration of course, prescribing doctor and where possible indication
- Analyse this data with three objectives in mind: i) is the antibiotic appropriate to the condition ii) is the dose and duration appropriate and iii) is there one or more inappropriate prescribers in your area?
- Think about how you could educate the poor prescribers. Should you talk to your local pharmaceutical adviser?
- In your practice workbook draw up a list of essential points to make to patients regarding appropriate requests for antibiotic treatment and maximising the effectiveness of the drug both for the present infection and future use



Almost half of all antibiotic usage is in veterinary medicine

Developing new agents

Development of a new antibiotic agent costs around £350 million, takes seven to ten years and its use may be restricted to delay resistance or reduce costs. It is easy to understand why pharmaceutical companies may prefer to invest in other therapeutic areas.

Many antibiotic agents have been launched in the past decade, but all have been derivatives of existing classes of antibiotics. Since resistance to the existing class is often already widespread there is the potential for swift development of resistance to these new agents.

The oxazolidonones and everninomycins are the first new classes of antibiotics to be developed for 15-20 years, and have shown promising activity. They are still in development, but with no guarantee that they will be marketed.

Other developments have investigated the use of non-antibiotic agents in the treatment of infection. These strategies range from biological response modifiers, designed to boost the patient's own defences, through to probiotics – harmless commensal bacteria used to competitively displace an undesirable bacterial flora.

Biological response modifiers are likely to be expensive and are likely to be used as an adjunct to antibiotic agents, if at all, in the treatment of severe infections. Several have reached clinical trials eg tumour necrosis factor, anti-endotoxin antibodies, but have so far given disappointing results.

Probiotics are most likely to find a role in the treatment of chronic superficial infections such as thrush and possibly in the elimination of *Clostridium difficile*.

The use of bacteriophages (antibacterial viruses) has also been suggested. However, this strategy presents a number of problems. Delivery of the phage to the site of infection is difficult, resistance may develop and identification of the bacterial strain is required so that the correct phage can be used.

The future

It is clear that resistance to antibiotics is increasing, and in the worst cases we face the prospect of having no useful antibiotic agents for some infections. The recent Standing Medical Advisory Committee report on antimicrobial prescribing made several recommendations to improve antibiotic prescribing, and to try to reduce the development of resistance. These were to:

- stop unnecessary antibiotic use eg no antibiotics for simple coughs and colds and viral sore throats
- shorten unnecessarily long courses eg limit prescribing for uncomplicated cystitis to three days in otherwise fit women
- avoid inappropriate broad-spectrum antibiotics eg ciprofloxacin for upper respiratory tract infections
- avoid inappropriate repeat prescriptions without microbiological confirmation.

Antibiotics and the public

Over prescribing of antibiotic agents may be partly reflected by consumer pressure. Patients should be empowered and encouraged to be involved in their own healthcare but, unless they have access to appropriate advice, this may lead to demands for inappropriate treatments, such as antibiotics for the common cold. Failure of the doctor to prescribe may lead to the patient being dissatisfied.

Patients' lack of knowledge and past experience contribute to increased demand for antibiotics. Many patients have little knowledge of the differences between viral and bacterial infections. In the past many patients will have received antibiotics for viral respiratory infections and perceived these as effective. Years of prescribing or taking antibiotics for viral respiratory infections have created a cycle of supply and demand. Breaking this cycle will require educating the public, and also convincing doctors that a patient's satisfaction is based more on discussion with the patient, rather than giving them a prescription.

Public education campaigns have been proposed, mainly targeted at the inappropriate use of antibiotics for upper respiratory tract infections. The key messages could include:

- patients should not expect antibiotics for trivial infections
- GPs may give post dated prescriptions if the need for an antibiotic is doubtful
- it makes sense to cherish your bacterial flora
- taking antibiotics unnecessarily does you no good and may make them less effective for everyone else.

This winter, the Consumer Health Information Centre (funded by the Propriety Association of Great Britain) is running a campaign emphasising the message that antibiotics do not work for colds and flu.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

RESOURCES

The Consumer Health Information Centre can be contacted on (0845) 60 61 611 Monday-Friday 9am – 5pm

"Just Wash & BPO"

Take two bottles to cleanse and treat acne skin?

Not with PanOxyl Wash.

As **the only wash to contain benzoyl peroxide (BPO)**, it's a uniquely convenient way to deal with existing acne and help prevent new spots forming.

It's also a logical formulation for those needing to treat acne over wider areas. And because it's PanOxyl, you know it's a name you can trust.

10% Benzoyl Peroxide

100% Logical

STIEFEL

Research in Dermatology

Abbreviated Prescribing Information. PanOxyl Wash 10% **Presentation:** PanOxyl Wash [illegible] containing benzoyl peroxide 10.0% w/w. **Uses:** For the treatment of acne vulgaris. **Dose and method of administration:** Wet the effected area with water and wash thoroughly with PanOxyl Wash. Rinse well with warm water then rinse with cold water. Pat dry with a clean towel. Use once a day. **Contra-indications:** Patients with a known hypersensitivity to any of the ingredients. **Caution:** Avoid contact with the eyes, mouth and other mucous membranes. Care should be taken when applying the product to the neck and other sensitive areas. Product may bleach dyed fabrics. Keep out of reach of children. **Side Effects:** In normal use, a mild [illegible] sensation will probably be felt on first application and a moderate reddening and peeling of the skin will occur in most patients. During the first few weeks of treatment a sudden increase in peeling will occur in most patients. This is transitional and will normally subside in a day or two if treatment is temporarily discontinued. **Legal Category:** P. **Price:** 150 ml £7.05 **Product Licence Number:** PL 0174/0048 **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Uxbridge Business Park, Sanderson Road, High Wycombe, Bucks HP12 3NR. **Date of Information:** October 199[illegible]

Premier league potential

Take a pharmacy in a prime seaside location – it has loyal, elderly customers and has been using an EPoS system for years. Yet it is still not fulfilling its potential, as John Kerry reports

Let's take a look at a thriving 1,000 sq ft pharmacy in a prominent corner location, which is on a main road in the residential heart of an established seaside town. Not a seaside town of pinball arcades and 'kiss-me-quick' hats, but one where the residents are spending their retirement years without, apparently, any typical urban stresses - and where the climate is invigorating.

The majority are senior citizens who have bought a property here, live pretty comfortably and have little need to check the price of everything they buy.

Mr S bought this established pharmacy in 1984. It was already doing well and had taken full advantage of its excellent position with easy free parking outside. During the 14 years that Mr S has had the shop he has gradually made improvements, enlarged the sales area, introduced an EPoS system, a shop refit, a new fascia sign and new lines

Nothing dramatic has been done, but most of the modifications to the business have either improved the turnover or profitability or both. Now the business's annual turnover is more than £750,000; it enjoys a healthy 25 per cent gross profit margin and still manages a bottom line near 12 per cent.

This success is attributed to three factors: the shop's location, the lack of any serious competition within a mile and the hard work done by Mr S in gradually building up goodwill and service levels. More than 5,000 script items are dispensed each month, but unusually there is no GP within a quarter of a mile. In fact, most medical practitioners in this town are either single- or two-handed practices and Mr S dispenses to all of them. None of them provide more than 9 per cent of his prescriptions.

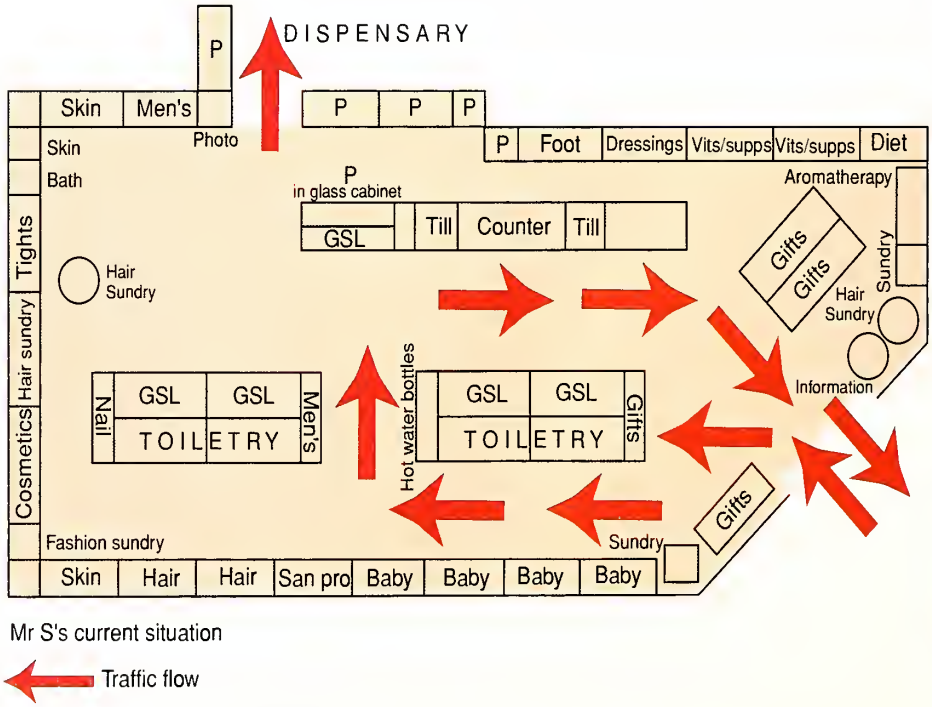
Counter sales represent more than 20 per cent of gross turnover. This ratio is declining slowly and one would suspect that sales have been, at best, static in volume terms over the past five years. Fortunately, because customers of this shop are not too price-conscious and enjoy the convenience and service offered in the heart of their community, Mr S has not experienced the loss of counter sales that most other community pharmacists have. He knows that the static counter sales indicate that even his loyal, well-heeled and less mobile customers are spending more at the out-of-town supermarkets. A new superstore with a pharmacy, which by all accounts is already busy with scripts, has recently opened on the outskirts.

Although this town appears to be in a time warp, Mr S can expect an accelerating decline in his counter trade in the next five to ten years. As local residents get used to the new superstore and its pharmacy, it will

Continued on P22 →

Profit and loss account, year ended July 31, 1996

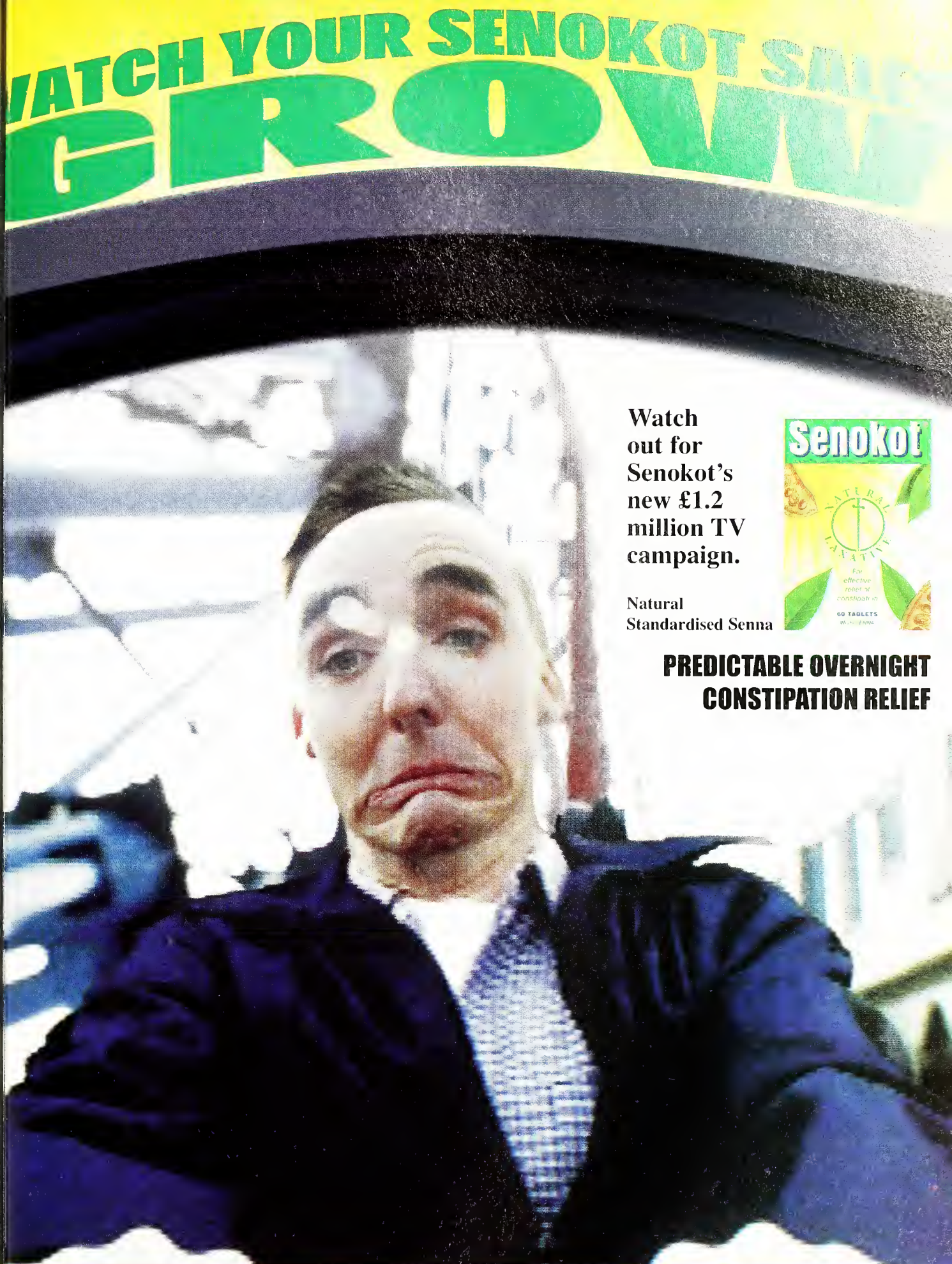
	1996 £		1995 £	
NHS soles		548,650		530,557
Counter soles		**148,177**		**145,889**
		696,827		676,446
Cost of soles		531,420		530,424
Gross profit		165,407		146,022
Sundry income		3,625		3,614
		169,032		149,636
Expenses				
Heat and light	1,339		1,344	
Insurance	1,595		1,577	
Rates and water	2,481		3,353	
Repairs	2,071		3,066	
	7,486		**9,340**	
Accountancy	2,000		2,100	
Advertising	3,307		1,548	
Bank charges	1,320		1,223	
Cleaning	1,066		551	
Equipment hire	999		–	
Motor	3,568		3,694	
Print/stationery	2,102		3,106	
Professional fees	289		495	
Sundry expenses	4,683		4,874	
Training	90		1,082	
Telephone	1,163		1,284	
Wages	53,657		45,320	
	74,244		**65,277**	
Bank interest	1,471		1,041	
Loan interest	3,328		4,648	
HP interest	385		–	
	5,184		**5,689**	
Depreciation				
Fixtures/equipment	5,023		5,481	
Motor	5,671		1,559	
Loss (profit) vehicle disposal	380		(2,135)	
Total overheads		97,988		85,211
Net profit		71,044		64,425



Mr S's current situation

Traffic flow

WATCH YOUR SENOKOT SALES GROW



Watch out for Senokot's new £1.2 million TV campaign.

Natural Standardised Senna

PREDICTABLE OVERNIGHT CONSTIPATION RELIEF

okot Essential Information
ive Ingredients: Each tablet contains standardised
ha equivalent to 7.5mg total sennosides. Each 5ml
onful of 5yrup contains standardised senna extract
ivalent to 7.5mg total sennosides and 3.3g of sugar.
h 5ml (2.73g) spoonful of chocolate Granules
tains standardised senna equivalent to 15mg total
nosides and 1.64g of sugar. **Indications:** Relief of
stipation or non-persistent constipation. **Dosage Instructions:** Adults and children over 12: Two Tablets in 24 hours, or two 5ml spoonfuls of 5yrup, or a level 5ml spoonful of Granules, taken at night. Children 6-12: One 5ml spoonful of 5yrup taken in the morning. Tablets and Granules to be taken only on a doctor's advice. Children under 6: 5yrup to be taken only on a doctor's advice. Tablets and Granules not recommended. **Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Do not take Senokot 5yrup or Granules if you are a diabetic. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 20 Tablets - £1.75, 60 Tablets - £3.99, 100 Tablets - £4.79. 5yrup: 100ml - £3.05. Granules: 100g - £4.49. **Marketing Authorisations:** Senokot Tablets 0063/5000R, Senokot 5yrup 0063/5003R, Senokot Granules 0063/5002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7D5. **Date of Preparation:** December 1998. Senokot and the sword and circle symbol are trademarks.

Reckitt & Colman Products Limited

→ Continued from P20

almost certainly affect his script trade too.

A pharmacy building a healthy script trade without any nearby surgeries is nothing new, but it is harder work and most that succeed are in town centres. This pharmacy has a prominent position and many of its script patients ignore the pharmacy nearer their practice to patronise Mr S. Some years ago, because of the long double journeys some of his elderly patients had to make to pick up their repeat prescriptions, he introduced a scheme to save them the journey. Freepost envelopes were given to the practices, who would post the prescription forms to Mr S on request of the patient. Patients either collected the prescription from the pharmacy or, in certain deserving cases, Mr S delivered it to their homes.

The scheme, which Mr S had originally heard about from another pharmacist, was intended for no more than a dozen patients and was not designed as a full blown collection and delivery service. But the GPs involved have taken advantage of it and persuaded other patients who patronise Mr S to use it. Every month, script forms for about 800 items are posted from surgeries all over the town to the pharmacy. What started as a service to save a few elderly patients a difficult journey – and Mr S a lot of travelling time – has grown into a significant trade. It costs Mr S around 50 pence per script and he does not believe that he has gained any patients by providing this service. It is doubtful, however, that any of those who take advantage of it will go elsewhere in the foreseeable future.

Like many schemes, this idea will only work if all the ingredients are right. He introduced it into his other pharmacy, a town centre shop, where it is a virtual failure.

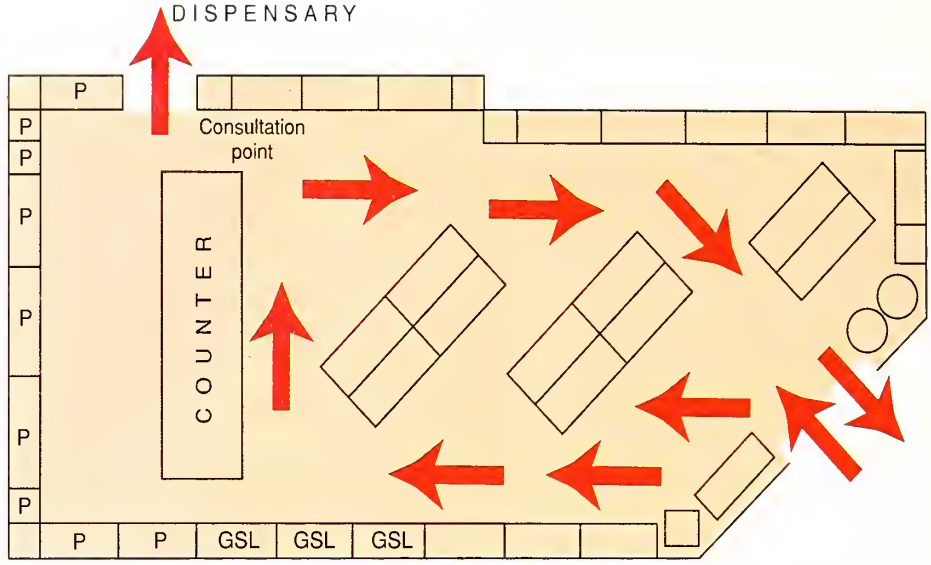
A successful business such as this can be compared with an athlete. A professional footballer comes to mind, one who keeps himself in good shape and scores a great number of goals with his magic right foot. His left foot, his tackling ability and passing are only adequate and, as a consequence, he is only able to earn a good living as a professional in the first division. Had he been trained to use his left foot and taken the time to develop other skills, perhaps he could have been a premier league star, or even played for the national side.

This business has many clear cut strengths and it is not difficult to imagine it as a premier league player, with an annual turnover exceeding £1m. There are many similarly placed pharmacies earning this much in the UK. While the dispensing business scores goals, the counter appears to have played a passive role. Had the counter side of the business been managed professionally and imaginatively, this shop would have reached the premier division some years ago.

It is easier to make this observation than to suggest what actions should have been taken or what could be done to help the pharmacy realise its potential. The front shop, in most instances, plays a supporting role to the dispensary. Those which appear to have much more scope for sales, like this pharmacy, do need to apply good marketing and management skills. Instinct and cheerful service, as valuable as they may be, are inadequate.

Fortunately, Mr S has been using an EPoS system for many years and a tool for diagnosing problems is in place. EPoS has been used here successfully for reducing stock levels. Another important function it has is to identify areas of weakness. A rudimentary analysis gives us the following facts.

As expected, counter medicines and dressings account for about half of the turnover. Because margins in these products are higher and the stock turns over more frequently than other departments, it would be easy to assume that medicines account for at least two thirds of the gross profit. The pharmacy's gross profit on net sales in November 1998 amounted to approximately £3,000. If, as expected, medicines accounted for two-thirds of this, £1,000 profit was made from the rest of the shop sales of £7,000. As with other retail pharmacies, non healthcare lines in this outlet take up a lot of space, move much more slowly and earn less profit than medicines. In fact it is doubtful whether men's products, haircare and half of the toiletries are earning their keep at all.



Mr S's proposed layout

Remainder of departmental layout to be decided after EPoS analysis and market research

Recommendations

Mr S does make full use of his EPoS. Using sales and gross profit reports, generated over a period of time, to identify weak and failing departments, he could start rationalising stock, cutting out products, variants and sizes that either contribute nothing or make too little to warrant fitment space. This is the type of shop where there will be up to 12 unusual lines, purchased once or twice a year by loyal customers. The products and customers will be well known to the staff and either they are bought in specially when the customer needs them, or the lines are kept in a special place for them. What they should not be doing is occupying prime selling locations on the fitments.

The analysis of the EPoS departmental sales and gross profit will also enable Mr S to rearrange the departments of the shop, allocating space more appropriately. Counter medicines especially deserve more space. P category products are very poorly merchandised, a lot are barely visible. Most of the new space allocated to medicines should be devoted to this category – the front shop's most important group.

Although it is a smart, clean and colourful shop, it does not give the impression of one that is designed to suit the neighbourhood and the particular demands of the mainly elderly, better off residents. On the one hand there are small displays of quality soaps, toiletries and accessories; to oppose this, the shelves are sprinkled with garish handwritten 'day-glo' price labels with obviously cheap market stall type stock, such as 20 pence toilet rolls. It appears to be an incongruous combination of Bermuda and Benidorm, each would be right in its own place, but not both in the same place.

This business certainly lends itself more to the Bermuda, Madeira and Torquay customers. Getting rid of the cheap and nasty may disappoint the odd bargain hunter, but the majority of customers will approve of the enhanced image.

Mr S is thinking about rearranging the layout of the shop to create a better prescriptions/medicines area (see diagram). This will make sense and will certainly provide a lot more fitment space for P products.

To realise its full counter potential will, however, need more than a few hours' observation. It needs an analysis of available information, some careful research and, for a business with the scope that this seems to have, a master plan which will involve every aspect of the shop: fitment layout, merchandising, stock, new products and services, and above all, the staff.

All this work, if executed correctly, will create a pharmacy that from the outside looks just as it did before and offers the same high level of professional dispensing service. The front shop area, all 1,000 sq ft of it, acquires a new personality. It will still endeavour to satisfy the everyday needs of its current customer base and offer not only a better laid out and merchandised environment but also more choice and new specialist lines, possibly with a higher price tag and margin.

Let's get our priorities right, shall we?

For the past three years the pharmacy press has been awash with RPM issues and how it will cost the average pharmacy £7,000 per annum. All very laudable, all supposing in a few years from now any Pharmacy medicines remain in pharmacy and have not been de-listed to GSL and are being sold down the corner shop.

However, the same pharmacy organisations who have been so vocal about the loss of RPM have been noticeable by their silence over the clawback of a similar amount of revenue to that of RPM, £6,000.

As the largest increase in the sliding scale of clawback seems to be aimed at decreasing the profits of the smallest and most vulnerable pharmacies, is it possible our pharmacy organisations are in league with the Government with a hidden agenda to close 2,000 pharmacies?

We are just an endangered species of shopkeeper, presiding over smaller numbers of specialist medicines until they disappear, stocking more and more expensive drugs only to be penalised and have monies removed from us when the item costs the average NIC of £9 and we have only attained the standard wholesale terms.

Then you have the PSNC talking about cutting our fees next year. Still, PSNC has messed up our negotiations for so long, why change now?

Angry, you bet I'm angry.

Paul Badham
Lynton

No welcome in the hillside for Glaxo

We have now had the letter from Simon Clark, Head of Consumer Healthcare at Glaxo Wellcome, informing us officially that Glaxo has taken back Zantac 75, Zovirax Cold Sore Cream and Beconase Allergy.

This event has given the ordinary pharmacist a golden opportunity to show how much we appreciate Glaxo's help and support through such initiatives as its branded generic Respontin and its wonderful wholesaler agency scheme.

Speaking personally, I shall be giving these products as much support as I have had from Glaxo Wellcome over the past few years. To this end I have placed all three products out of sight in the pharmacy drawer where I feel they rightly belong.

Mark Ashmore
Oldham

New look for a new year for AAH's Vantage vans

AAH Pharmaceuticals has painted its 670 delivery vans blue to fit in with its rebranded pharmacies. The vans, which used to be white, also bear a new slogan, 'At the heart of the community', to highlight the service local pharmacies offer

Reassurance from the top on exemption checks

A new NHS strategy aims to reduce fraud to an absolute minimum within ten years. Adrienne de Mont talks to Jim Gee, head of the NHS Directorate of Counter Fraud Services

Jim Gee, the man in charge of tackling fraud in the NHS, has promised that dispensing doctors and pharmacists will be treated equally over point of dispensing exemption checks. He also wants to reassure pharmacists that these checks should not damage their relationships with patients.

"It is quite natural in many other circumstances for people to be asked for proof of exemption, for example, if they buy concessionary rail travel," he says. "We will not be relying on pharmacists alone to act against fraud – it will be the responsibility of everyone involved in the NHS to maintain streamlined fraud prevention procedures.

"If people can't or won't provide evidence of entitlement to free prescriptions, all the pharmacist has to do is tick a box on the back of the form and submit these forms separately for pricing. We can then focus our checks on cases where evidence hasn't been produced. The ultimate aim is to free up resources for better patient care. Clearly it would be ironic if our counter fraud activities actually harmed moves to better patient care. We will ensure that this is not the case."

He expects that, by the time the checks are in place, most exempt patients will be aware of the need to bring evidence to the pharmacy. A "hard-hitting, effective" publicity campaign starts in February, with input from PSNC. At the same time, training packs will be sent out to pharmacy staff and an advice line set up for pharmacists and patients.

Dispensing doctors, too, should be carrying out exemption checks from April, although negotiations are still under way.

"We are meeting them at the beginning of January to discuss the matter and I hope they will agree. This is a common sense way of countering fraud and the professions can only gain. Ultimately the resources freed up will enable them to offer better services to patients."

Jim Gee will visit health authorities and trusts

Dispensing doctors should be paid "an appropriate rate" for the job, he says. But can he reassure pharmacists that the two professions will have the same responsibilities?

"Yes, absolutely," he says. "We can't have two completely different systems of checks operating."

Pharmacists might also be sceptical about how willing doctors will be to complete the age declarations. From April all computer-generated prescriptions will be expected to carry the patient's age and date of birth. Arrangements are being made to bring systems up to date.

When it comes to persuading doctors to comply, he says: "I want the professions in the NHS to appreciate that we in the Directorate of Counter Fraud Services have a special area of skills that we will use to do what is right to tackle fraud. Equally we recognise that the professions have their own areas of specialist expertise. We wouldn't presume to comment on how doctors treat their patients and we wouldn't expect them to comment too much on the detailed plans we have to counter fraud. Certainly we will work with people and take their comments on board, but we each have specialist responsibilities and specialist skills to fulfil them. We're not being heavy

The man in charge

Jim Gee was appointed director of the NHS Directorate of Counter Fraud Services on September 1, 1998. He has had 17 years experience of countering fraud in a wide variety of government organisations. His last job was with Lambeth Borough where, in 18 months, he cut fraud losses from £60 million a year to £26 million. During this time 120 of the 6,000 employees were sacked or resigned before disciplinary procedures started, and systems were set up to prevent further fraud.

"I want to be at least as effective in the NHS, although with 1 million employees and a £44 billion budget it will take longer," he says.

His experience of pharmacy is largely as a consumer, but during the first six weeks of his appointment he met 70 people throughout the NHS to learn about its organisation and culture. Last December he spent a day in Yorkshire, touring three different types of pharmacy to see how pharmacists work.

With a budget of £4m from April, he will co-ordinate a unit of 20 staff at the Department of Health in London, regional teams of five to six people and a mobile team which will travel throughout England and Wales to where the problems are worst. There will also be inspectors to inspect the way the counter-fraud work is done, making sure high quality standards and the right professional skills are employed.

He will present his strategy in a road show which will visit health authorities and trusts during the first six months of the year. He also hopes to get the message across at local meetings of health professionals.

Continued on P26→

We're making it easier to recommend the treatment women want.

We're backing Diflucan™ One with a £2.25 million advertising campaign this year, starting with a national TV burst now. And a year round press campaign, which will inform your customers of the price up front. Ensuring Diflucan One remains the fastest growing vaginal thrush treatment. Diflucan One already accounts for over 1 in 4 sold,[1] proving that a treatment that's oral, fast and effective is the one thrush sufferers want.

It's getting easier to recommend all the time.

Pfizer Consumer Healthcare

(1) IRI Infoscan MAT 1.11.98

Abbreviated product information for Diflucan One. Presentation: Capsule containing 150mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed; co-administration of terfenadine and cisapride. **Warnings:** Lactation: Not recommended. **Drug interactions:** Relevance to single dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** [P] **Package Quantity and Cost Price:** 150mg capsule, pack of 1, £7.12 (PL1906/0017). **Product Licence Holder:** Pfizer Consumer Healthcare, Wilsom Road, Alton GU34 2TJ. **Date of preparation:** December 1998

→Continued from P24

handed; it's mostly a question of guidance and improved training. There is an obligation on us all, as custodians of public funds, to ensure these funds are properly spent to give value for money."

The NHS Executive's efficiency scrutiny report into prescription fraud in 1997 highlighted dispensing doctors as a weakness in the system. So how will he check they are dispensing the drugs they are claiming for?

"I cannot go into any detail at this stage, but certainly there are ways it can be done. I have only been in the post four months and some aspects of the action we want to take are still emerging. We have already published a strategy in which the NHS will have a counter fraud structure for the first time. We now have a work plan for the next 18 months that is 37 pages long.

"I can see areas where there is a potential conflict of interest. Certainly, as a medium-term piece of work I would like to identify areas of potential risk and try to make arrangements as transparent as possible. But just because there are potential conflicts of interest doesn't mean there is actually a problem. It's all about ensuring proper standards in the custodianship and management of public funds."

One area to be tackled is that of pharmacists claiming for more expensive drugs than the ones they dispensed. Again, he cannot say exactly how this will be stopped. Does it mean the majority of honest pharmacists will have to take extra care when endorsing prescriptions?

"I don't think any pharmacist should worry about being misinterpreted," he says. "We will ensure that anyone who examines cases of potential fraud is trained to the highest professional standard. No-one will work in this area unless they are accredited by my directorate, so there will be immediate quality control. They will have the professional skills to identify the truth - whether it's fraud or just a question of confusion."

Likewise it is too early for him to comment on plans for other risk areas highlighted in the fraud scrutiny report, such as GPs and pharmacists having close relationships or financial interests in care homes.

"We are currently looking across the entire NHS and employing our specialist skills to see what is the best way to tackle problems. The family health services have to be a priority because we already know most about fraud in this sector," he says. A new project will measure the nature and scope of fraud throughout the NHS.

"We will root out fraud no matter how embarrassing or how much money is involved"

"For the first time we will have hard facts, not estimates. It would be wrong to set permanent priorities without these facts. Our measurements will tell us how serious each problem is and what resources are needed to tackle it."

The estimate of £150m lost through prescription fraud came from a statistical analysis of work done by the fraud unit at the Prescription Pricing Authority. More sophisticated techniques will now be used to obtain accurate figures to pinpoint problems.

Data is already being collected on the prescribing costs in Northern Ireland before and after doctor dispensing was phased out, to see if there are any major discrepancies.

He stresses that only a tiny minority of health professionals is abusing the system, while at the same time admitting "the more we look, the more fraud we find".

"Our key task is to mobilise the vast majority of professionals and the public to make it clear that fraud is unacceptable. It's not petty fiddling that no-one will notice; we're talking about the NHS being deprived of large sums of money. I want to make sure there is maximum peer group pressure on everyone to ensure they don't contemplate fraud. We want to use the views of the majority to deter the minority."

If this deterrent fails, he warns that improved methods of detection will mean fraudsters will be brought to court quickly and action taken to recover the money.

"We will root out fraud no matter how embarrassing or how much money is involved."

As announced last week (*C&D* January 2, p6), pharmacists will be rewarded for reporting suspected forged or stolen prescription forms, up to a maximum £10,000 if this leads to a wider discovery of corruption.

Will what he says, go, so far as the NHS Executive is concerned?

"I have a remit to counter all fraud and corruption throughout the NHS and have been given the appropriate means to tackle it. Unusually for a Whitehall directorate, I have responsibility for the operational side as well as strategy and policy. I have direct access to and support from the [former] health minister, Alan Milburn, and I report directly to the NHS chief executive Alan Langlands. I couldn't be better placed... Clearly I'm prepared to take whatever tough action is necessary to crack down on fraud and make sure NHS resources are focused on patient care."

CHEMIST & DRUGGIST
THE NEWSWEEKLY FOR PHARMACY

Roche

MINERALS AND SUPPLEMENTS

THIS WEEK IN CHEMIST & DRUGGIST YOU WILL FIND THE SECOND MINERALS AND SUPPLEMENTS ELEMENT OF THE ROCHE CONSUMER HEALTH / CHEMIST & DRUGGIST PHARMACY ACCREDITATION PROGRAMME ON VITAMINS, MINERALS AND SUPPLEMENTS. BY COMPLETING THIS MODULE, YOU WILL ENSURE THAT YOU PROVIDE GOOD ADVICE ON MINERALS AND SUPPLEMENTS AND YOUR ACCREDITATION CERTIFICATE, AWARDED AFTER SUCCESSFUL COMPLETION OF BOTH ELEMENTS (VITAMINS AVAILABLE FROM ROCHE ON 01707 366993), WILL HELP PROMOTE THIS VALUABLE SERVICE TO YOUR CUSTOMERS. THIS PHARMACIST BRIEFING PROVIDES AN OVERVIEW OF THE SECOND PART OF THE PROGRAMME AND HOW TO GAIN ACCREDITATION. ROCHE AND CHEMIST & DRUGGIST WILL DELIVER TWO FURTHER OTC MODULES IN 1999. EACH WILL HAVE THEIR OWN CERTIFICATE AWARDED AFTER SUCCESSFUL COMPLETION OF THEIR QUESTIONNAIRES USING YOUR 'VMS' PIN NUMBER.

A vast number of different minerals exist and can be classified into two categories: minerals and trace elements. Minerals are required in relatively large amounts and are considered essential for human life. Trace elements are needed in much smaller amounts, and not all of them are considered to have an essential role in the human body. There are also a number of food supplements that may be beneficial. These include fish oil, gamma linolenic acid (GLA), ginseng, ginkgo biloba and garlic.

TRACE ELEMENTS

These include iron, zinc, iodine, selenium, nickel, manganese, chromium, molybdenum, copper, silicon, vanadium, boron and tin. Each has different roles to play within the body. Only three of these trace elements have a European RDA: iron, zinc and iodine.
Iron is an essential component of haemoglobin, which is required for oxygen transport. Deficiency can result in anaemia, the most common nutritional deficiency in the world. However, excess iron is toxic.
Zinc is required for a number of enzyme reactions, and for insulin and semen production. Deficiency is associated with loss of sense of taste, low sperm count, impaired immunity and poor skin condition. High doses of zinc can interfere with iron absorption.
Iodine is needed for the production of thyroxine and triiodothyronine by the thyroid gland. Deficiency results in malfunction of the thyroid gland, characterised by goitre and reduced metabolic rate.

MINERALS

Calcium is required for healthy teeth and bones and plays an essential part in muscle contraction, nerve function and blood clotting. Deficiency over a protracted period can lead to rickets and osteoporosis. Children, teenagers, pregnant or breastfeeding women, and the elderly may benefit from a calcium supplement.
Phosphorus, together with calcium, plays a role in healthy bone formation and is required to liberate energy for cell metabolism by forming ATP. Deficiency is extremely rare due to the presence of phosphorus in most foods. Consequently, phosphorus supplements are also rare.
Magnesium is needed in the body as a co-factor for enzymes that require ATP and to transport calcium to the muscles. Deficiency can therefore lead to lethargy and muscular spasm (tetany). Excessive alcohol intake and diuretic therapy can impair absorption of magnesium.
Potassium contributes to acid–base regulation and water balance and is required for a number of enzyme reactions. Vomiting, diarrhoea and the use of loop diuretics can lead to low potassium levels in the body. Some evidence suggests that people with hypertension may benefit from a potassium supplement.

APPLYING FOR ACCREDITATION

*IF YOU REGISTERED FOR VITAMINS, DO NOT REGISTER AGAIN. A SINGLE PIN WILL ALLOW MARKING OF ALL YOUR MODULES.

To enter for accreditation, study the module and complete the questions included at the end. The module should satisfy the training needs of both Pharmacists and Pharmacy Assistants, provided Assistants are supported in their learning by their supervising Pharmacist. For Pharmacists, the Minerals and Supplements module delivers 1½ hours of postgraduate education towards the College of Pharmacy Practice's continuing education requirement. Pharmacists should co-ordinate with the Pharmacy Assistant as they work through the module, providing them with any assistance they may need. When the questions have been completed, phone through your answers using a touch tone phone and the PIN issued to you on registration. A certificate will be awarded on completion of this module and the first, on vitamins.

Your PIN gains you free access to C&D's marking system, which is underwritten by Roche Consumer Health (see registration form opposite or contact your local Roche representative or the company direct on 01707 366993 for additional copies of the learning modules). Your results will be made available to Roche.

Please note that calls are charged at the standard national call rates, NOT premium rates. Keep a copy of your answers on the log included in the module. You may wish to pencil in your answers first.

REGISTRATION FORM*

Pharmacist's name .....

RPSGB or PSNI registration number .....

Assistant's name .....

Pharmacy name and address .....

.....

.....

..... Post Code .....

Tel no ..... Fax no .....

Send this form to:
Sue Cheeseman, Pharmacy Group Editorial Projects,
Miller Freeman plc, Tonbridge, Kent TN9 1RW

(M&S)

Former md of Crookes jailed for fraud

Kevin Wilson, formerly managing director of Crookes Healthcare, was jailed for three and a half years just before Christmas, after he was found guilty of fraud.

Peterborough Crown Court heard how Mr Wilson had tricked Crookes into paying for a collection of star memorabilia. This included paintings of Marilyn Monroe, a signed photo of The Beatles and one of Nigel Mansell's racing helmets.

Mr Wilson used a company to submit false or inflated invoices to Crookes. The scam raised £500,000, which was spent on numerous collectors' items.

He pleaded guilty to 16 counts of false accounting between 1990 and 1993 and asked for 38 other offences to be taken into consideration.

Crookes sacked Mr Wilson in 1993 for gross misconduct (*C&D* June 23, 1993).

Charles Wide QC, defending, told the court that Mr Wilson had planned to give all the items to Crookes to furnish proposed new offices. But the offices did not appear. He added that Mr Wilson had not intended to cash in on the affair.

Judge Simon Hammond told Mr Wilson: "This fraud was clouded in secrecy. It is clear to me that you intended to benefit personally, and your fall from grace has been dramatic and heavy. You have now lost your job, your corporate career and your home."

Kevin Wilson, former Crookes Healthcare md, jailed for three and a half years for fraud

NDC acquires John Richardson Computers

US-based National Data Corporation (NDC), which already owns Hadley Hutt and Chemtec, has acquired John Richardson Computers (JRC) for an undisclosed sum.

JRC produces software systems that enable pharmacies to print labels for prescription drugs, carry out stock control and maintain patient records.

The computer company was formerly a subsidiary of Taylor Nelson Sofres, the market information group, which acquired it for £1.4 million about four years ago.

Tony Cowling, Taylor Nelson Sofres' chairman, said it decided to sell JRC because its software interests lay outside Taylor's core business of providing market information services.

Taylor Nelson Sofres has retained existing contracts with pharmacies, who use JRC's software to supply data on products they dispense for its Scriptcount prescription tracking service.

Taylor values JRC's assets at about £1.1 million, and NDC is assuming JRC's liabilities to customers of £1.4m.

NDC, based in Atlanta, Georgia, is a huge software specialist with a turnover exceeding $1 billion. While its interests range from cash management to healthcare, it supplies dispensing systems to pharmacies in the US and in Canada.

Simon Driver, JRC's deputy managing director, said this expertise would benefit JRC. "The acquisition's great news for independent pharmacies because they've now got a major force to counter the two major wholesaler backed companies [Mediphase and AAH's Link," he said.

JRC also gives NDC more power to secure good contracts for the NHSnet's services. NDC's UK subsidiaries, for example, now have about 4,000 pharmacy clients.

The Government wants to introduce electronic prescribing in the NHS by March 2002, although it has not yet disclosed how pharmacies will operate in the NHSnet.

While the subsidiaries' products overlap to some extent, Mr Driver said NDC did not plan to scrap any software. "Ninety per cent of our customer base have DOS - why upset this base by withdrawing that?" he said. The companies' products, he added, also had vital stakes in niche markets.

"We will look at the synergies we can make so that we can develop better products," he said.

Simon Driver, formerly JRC's deputy managing director, is now NDC Norths operations director

While NDC said it would retai Hadley Hutt and Chemtec's identitie when it acquired them, it has no changed its mind. The UK softwar subsidiaries will be merged into a ne company called NDC Healt Information Services, which compri es two divisions: North, based i Preston, and South in Droitwich.

JRC's staff will be merged into th North's headquarters. "We don't envi age redundancies," said Mr Driver. "W hope to increase the same service."

Nancy Briggs, NDC's UK managin director, becomes managing directo of NDC Health Information Services.

Pharmacist cashes in on new service

A Torquay-based pharmacist has branched out into cheque-cashing to offer another value-added service.

Brian Morrison, who owns Quant's Pharmacy, learnt about the service in a mail out from the N&N Group. N&N provides cheque cashing for 100,000 customers at 200 outlets - 15 of whom are pharmacies - across the UK.

Mr Morrison was immediately interested. "I thought we need something to bridge the gap between what the NHS is not wanting to pay and the cost of the pharmacy operation," he said.

Having become an N&N agent, Mr Morrison and three other pharmacy staff were trained by the company. They don't handle personal cheques.

The service is believed to be valuable because one in five people do not have access to an everyday account, but still receive wages or one-off payments in cheque form that need to be cashed immediately.

Before the pharmacy can cash a cheque, it needs a covering letter from the company that issued it, two signatures from the person receiving it and two verifications of the customer's address. The details are then sent to N&N, which checks them and guarantees the cheque. Mr Morrison said the process took about half an hour.

"We handle quite a lot of housing benefit cheques because the people who get it don't usually have bank accounts," said Mr Morrison. "And eve if they did, it could take ten to 14 da to clear the cheque ... they could g the money straight away from us."

Mr Morrison charges a sliding cor mission, based on the size of th cheque, which is usually 7 per cen plus a £2.95 fee. Both the commissio and fee is split 50:50 between th pharmacy and N&N.

"It works out at about £5 a cheque about the same as you would ea operating a lottery service," he said.

Paying out the cash, he added, d not create cash flow problen because the pharmacy would post th cheque to N&N the same day an receive a refund the following day.

The pharmacy carries window ba ners and has advertised in local new papers to alert customers to its servic

During the pharmacy's first week an N&N agent, it earned around £21 in commission.

For more details contact N&N telephone: 01924 500900.

Fresenius acquires P&U nutrition business

Fresenius AG, the German firm that produces parenteral and enteral nutrition products, has acquired Pharmacia & Upjohn's (P&U's) worldwide nutrition business for an undisclosed sum.

Fresenius' pharma division will be merged with the newly-acquired company to form Fresenius Kabi.

Fresenius' UK subsidiary based in Birchwood, Warrington, will take on 50 extra lines that used to belong to P&U.

The UK company's turnover is about £35 million - about 10 per cent of its products are sold through pharmacies.

P&U's UK nutritional offices will remain in Milton Keynes this year.

Rory Adam, Fresenius Ltd's finance director said the merger would create "the most comprehensive range, available in any one source, of parenteral and enteral nutrition products and infusion solutions for fluid substitution and blood volume expansion".

Developments in enteral nutrition and fluid therapy will be introduced in the joint R&D facilities.

Launch of income and health insurance package for the self-employed

WPA Health Insurance is launching Freelance, an income and health insurance scheme for the self-employed.

The scheme is unique, claims WPA, because it caters exclusively for self-employed people. It consists of three plans which can be combined or taken out separately at various levels:

- accident and sickness scheme, including income replacement
- private medical
- routine medical expenses.

Premiums for the scheme are 20-50 per cent less than other health insurance policies, claims David Ashdown, WPA's communications director. The low premiums are a reflection of the better health risk associated with self-employed people.

WPA is moving into this area because it wants to "take on a healthier group of people", says Mr Ashdown. The self-employed are more interested in keeping healthy than employees, he says. "We believe it's going to be attractive to a younger element, for example, people trying to build up a business."

Premiums for WPA's accident and sickness plan start at £16 a month and provide up to £1,000 monthly income replacement. Its private medical plan covers inpatient and outpatient treatment starting from £10 per month. From £3 a month, the routine medical plan covers routine treatment.

After BUPA and PPP, WPA is the third largest health insurance company in the country, with 8 per cent of the market. "Our aim is not to be big", says Mr Ashdown, "All we've ever wanted to do is give the best service."

Run on a not-for-profit basis with a provident organisation which means it has no shareholders and any profit ploughed back into the company to improve benefits for subscribers. Eighty-five per cent of income is paid out in claims.

For further details on Freelance and a free copy of the Department of Trade and Industry's 'Guide to help for small firms', call WPA on 0800 783 0784.

BTC to install skincare advice areas

Boots the Chemists is hiring 100 staff to give specialist advice on skincare problems in 90 selected stores.

The stores will feature special consultation areas, each of about 19 sq ft and situated next to the pharmacy, where the consultants will talk to customers with skin conditions. Each consultant will also use a device, which checks the customer's skin type by determining the level of sebum on the skin's surface, and states whether the skin is well hydrated.

The consultants will keep confidential, personal records on customers' skin conditions, so that they can monitor any changes in future visits.

Boots said there are thousands of women who suffer from problem skin in the UK, but the country has only 300 dermatologists, compared with over 3,000 in France. "This, coupled with an increase in the incidence of problem skin, has generated customer demand for specialist skincare solutions," it said.

The chain will also be selling, exclusively through the consultation areas, dermatological ranges from: Laboratoires Dermatologiques Lutsia, Pierre Fabre and RoC Dermatologic.

This is the first time the ranges have been available in the UK, although they are already sold around the world. Boots said the products are for oily skin, dry skin and reactive skin.

The deal also represents a trade crossover with Boots Healthcare International, which acquired Laboratoires Dermatologiques Lutsia for £115 million in 1996.

- Boots' stores will be accepting Euro traveller cheques, following this week's formal launch of the Euro. The chain's Republic of Ireland branches are already geared for the move, since the country has already accepted entry into European Monetary Union, but BTC has also prepared itself for continental travellers willing to spend their Eurocheques elsewhere in the UK. Stores that attract many tourists, such as the outlet in Heathrow Airport, have currency converters on the cash tills to give the bill's equivalent in Euros.

Does your business have potential? Are you searching for ways to boost turnover and profit? *C&D* is looking for pharmacies to feature in its popular 'Business In Focus' series.

We would like to broaden our focus to include:

pharmacies in unusual locations

those dealing with unusual speciality markets

pharmacies with awkwardly shaped outlets

'new age' pharmacies (consultation areas, diagnostic services etc)

pharmacies who are members of a chain

pharmacies whose OTC sales exceed NHS prescriptions

those with unusual sidelines, eg pharmacy with a pet shop

pharmacies set to relocate

independents who have successfully relocated, not necessarily within a health centre

any with theft/criminal problems

those within GP surgery centres

pharmacies that have solved trading problems in novel ways.

Pharmacy consultant John Kerry will visit your business and look at how it may be improved. His thoughts are published in *C&D*, but your anonymity is assured. If you want your business to be considered for the series, write in confidence to Guy L'Aimable, Business In Focus, *C&D*, Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent, TN9 1RW, or phone 01732 377231.

Zeneca in anti-cancer deal

Zeneca has paid an undisclosed amount for global rights to license and market ANG453, an anti-cancer product being developed by Edinburgh-based Angiogene Pharmaceuticals.

Zeneca has made an initial payment for the product's patent rights and will make milestone payments linked to the compound's development and commercialisation. The company will also pay royalties based on the compound's sales.

ANG453 is a vascular targeting agent which aims to prevent tumours and metastases from growing by interfering with the blood vessels inside them. Solid tumours comprise 90 per cent of all cancers.

The product is expected to begin clinical trials by the end of the year. Zeneca said ANG453 complemented its own anti-angiogenesis work and was therefore an ideal choice for its oncology portfolio.

The company spent £145 million on cancer research in 1997 - 33 per cent of its total R&D budget - and is developing ten anti-cancer compounds.

ADVANCE INFORMATION

The Royal Pharmaceutical Society of Great Britain is holding a residential course on January 13-15 at the Stakis Hotel, York. Tel: 0171 735 9141.

A WCPPE course will be held on January 14 at the Princess of Wales Hospital, Bridgend. Further details from WCPPE tel: 01222 874784.

The Society of Cosmetic Scientists Diploma ceremony will be held on January 18 at The Royal Society of Medicine, London W1. Tel: 01582 726661.

A WCPPE course will be held on January 20 at the West Wales General Hospital, Carmarthen. Tel: 01222 874784.

A WCPPE course on erectile dysfunction will be held on January 21 in The Rossett Hall Hotel, North Wales. Details from WCPPE, tel: 01222 874784.

A WCPPE course is being held on January 25 at the Parkway Hotel, Cwmbran. Tel: 01222 874784.

BrAPP has organised a one-day conference on January 28 at the Royal College of Pathologists, London SW1. Tel: 0171 404 3404.

IIR Ltd has organised a one-day conference on January 29 at the Regents Park Hilton, London. Tel: 0171 915 5055.

The RPSGB has organised a three-day residential course on February 8-10 at the Stakis Hotel, Bath. Tel 0171 735 9141.

UKAPS has organised a one-day conference on February 10 at the Jockey Club, Epsom Racecourse, Surrey. Tel: 01784 464106.

COMING EVENTS

MONDAY, JANUARY 11

Southampton & District Branch, RPSGB

The Southampton & South West Hampshire Health Authority, Oakley Road, Southampton, 7.30 for 8pm. 'Prescribing support to primary care groups'.

TUESDAY, JANUARY 12

Oxfordshire Branch, RPSGB

At the Postgraduate Medical Centre, John Radcliffe Hospital, 8pm. 'Developing new drugs'. Speaker: Ian Duguid from British Biotech.

Moray & Banff Branch, RPSGB

At the Laichmoray Hotel, 7.30pm. 'Geriatrics and alcohol - either or!'. Speaker: Robin Macleod, consultant from Dr Gray's.

THURSDAY, JANUARY 14

South Staffordshire Branch, RPSGB

At The Swan, Lichfield, 7.30 for 8pm. 'Where do we go from here?' Speaker: Mr P Curphey, member of Council.

Stirling & Central Scottish Branch, RPSGB

At the Inchyra Grange Hotel, Polmont, 7.45pm. AGM/Quiz.

Glasgow & West of Scotland Branch, RPSGB

At the John Anderson Building, K325, University of Strathclyde. 'The Crown Report'. Speaker: Professor Clare Mackie.

Classified

Appointments £27 P.S.C.C. + VAT minimum 3x1. General classified £25 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Alex Hancock, Chemist & Druggist (Classified), Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Internet: http://www.datpharmacy.co.uk. *All major credit cards accepted*

VISA DELTA Access SWITCH

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Contact: **Mr Gill**

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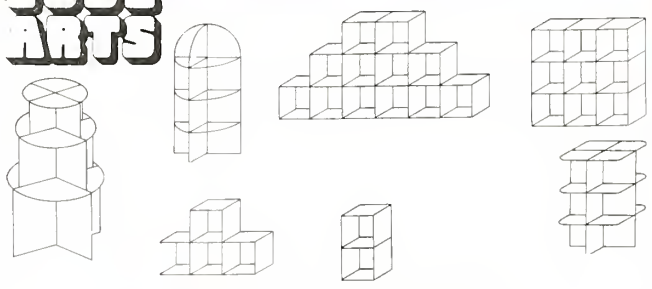

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New Year Honours for pharmacists

Three pharmacists have been recognised in the New Year Honours List.

Ronald McMullan, FPSNI, has been awarded an MBE, while Professor Malcolm Stevens, MRPS, and Professor Patrick Humphrey, FRPS, have received OBEs.

Recognised for services to pharmacy, Mr McMullan is "one of the top three best recognised pharmacists in Northern Ireland", according to Derek Lawson, secretary of the Pharmaceutical Society of Northern Ireland. He is director of pharmaceutical services at the Central Services Agency.

Ronnie McMullan

Professor Stevens, professor of experimental cancer chemotherapy at Nottingham University's School of Pharmaceutical Sciences and director of the Cancer Research Campaign laboratories at the university, has been honoured for services to the development of cancer drugs.

Recognised for services to migraine research, Professor Patrick Humphrey is director of the Glaxo Institute of Applied Pharmacology. He led the team that discovered sumatriptan, winning the Queen's Award for Technological Achievement in 1996.

Gary Flather, chairman of the Royal Pharmaceutical Society's Statutory Committee has been awarded an OBE for services to the legal profession and disability awareness.

Victor Perfitt, chairman of the British Herbal Medicine Association and managing director of Bio-Health Ltd, has been awarded an MBE for his services, commitment and dedication to herbal medicine over the past 30 years.

Dr George Poste, FRS, chief science and technology officer at SmithKline Beecham, was awarded a CBE for services to the development of biosciences. He has carried out research on the clonal diversity of tumours, the cell biology of cancer metastasis, and the design of novel particulate drug delivery systems.

Professor Michael Rawlins has been made a Knight Bachelor for services to the improvement of patient protection from the side effects of drugs.

Professor Denis Gray, president of the Royal College of General Practitioners, has been knighted for services to quality and standards in general practice.

Congratulations to Anne Tapner, this month's winner of a bottle of champagne in our Cambridge Counterpart draw. Anne, who works at the Park Pharmacy in Eastleigh, has been a counter assistant for 32 years and is also celebrating her recent marriage. She is pictured here with her supervising pharmacist Roy Hewson (right) and Willem Wills, regional healthcare sales manager for Whitehall Laboratories, which sponsors the competition

It's all done in the interest of science

The first harvest of cannabis plants is now underway at GW Pharmaceuticals, the company licensed by the Home Office to conduct research and development into the medicinal use of the plant.

The picture shows mature *cannabis sativa* plants being hung in the drying room at GW's secure facility somewhere in England, before transfer to the laboratory for use in further extraction studies and prototype formulations.

Let's hope the laboratory assistant, partially obscured by the plants, is wearing breathing apparatus, or failing that has been instructed not to inhale!

Prize for Northern Ireland pharmacist

A pharmacist from Northern Ireland took the honours at the second annual award for the Certificate in Community Pharmacy Management shortly before Christmas.

Amanda Sheridan from the Damien McCaffrey Pharmacy in Derrygonnelly won £1,000 as the best overall candidate and £350 as the best student completing part two of the course.

Paul Clarke, of the Dorcan Healthcentre Pharmacy in Swindon, took the £350 prize for the best student completing part one of the Certificate.

The CiCPM is a modular business management course available through *C&D*'s monthly sister publication, *Community Pharmacy*. The project elements of the course are assessed by external examiners from the the Queen's University of Belfast, and part one of the course is now a mandatory part of the Northern Ireland preregistration year (half the cost is funded by the Centre for Postgaduate Pharmacy Education and Training).

SmithKline Beecham has sponsored the course since its inception. Speaking at the awards ceremony, SB's commercial education manager Vicki Hampson said the CiCPM delivered key skills to help pharmacists operate profitably and effectively in today's volatile pharmacy environment.

For details of how to enrol on the course call Mary Prebble on 01732 377269.

Professor James McElnay, head of the School of Pharmacy at the Queen's University of Belfast, hands the certificate to Amanda Sheridan (second left), while SB's Vicki Hampson (far right) and *Community Pharmacy* editor Ailsa Colquhoun provide the prize money

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r information please contact: Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ.

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Date of Preparation: September 1998

Prescribing Information

E45 Emollient Wash cream
White, non foaming, creamy emollient soap substitute which contains Paraffinum Liquidum, Cera Microcrystallina, Zinc Oxide, Laureth-4, Polyethylene, Cetyl Dimethicone, Aluminium Stearate, BHT, Stearic Acid.
Uses
For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.
Dosage and Administration
Adults and children: Use as required.
Contra-indications, Warnings etc
E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.
Package Quantities 250ml pump pack.
Basic NHS cost 250ml £2.75.
Status ACBS listed.
Manufacturer Crookes Healthcare Ltd, Nottingham NG2 3AA.
Date of Preparation
October 1998.

E45 Cream
White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.
Uses
For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.
Dosage and Administration
Adults and children: Apply to the affected part two or three times daily.
Contra-indications, Warnings etc
E45 Cream should not be used by patients who are sensitive to any of the ingredients.
Package Quantities
Tubes containing 50g.
Tubs containing 125g and also 500g.
Basic NHS Cost
50g £1.18, 125g £2.39, 500g £5.61.
Legal Category GSL.
Product Licence Number
PL0327R/5904.
Product Licence Holder
Crookes Healthcare Ltd, Nottingham NG2 3AA.
Date of preparation
October 1998.

E45 Emollient Bath oil
Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.
Legal Category ACBS listed.
Date of preparation
October 1998.

References.
1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N Poster presented at EADV, Nice, 1998. 3. Cork MJ. *J Dermatol Treat* 1997; 8: S7-S13.

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